

GACS CONVENTION WORKSHOP REQUEST FORM

Name: _____ E-Mail Address: _____
School Name & Address: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work/School Phone: _____

I will be able to present the following workshop(s) at the GACS Convention at the Bible Baptist School, Savannah, GA, October 8-9, 2015:

You will be notified by July 31 if any of your workshops will be used.

Please list the title(s) below, mark the appropriate level(s) with an "X" and give a 1 or 2 sentence synopsis of each.

If more than one level is covered, please check all appropriate boxes.

PR-Preschool and Childcare, L-Lower Elementary (K-2), U-Upper Elementary (3-5), M-Middle School (6-8), S-Secondary (9-12), A-Administration, P-Pastors, G-General, SI-Special Interest (Women, Athletics, etc.)

(NOTE: Not all workshops submitted will be used.)

WORKSHOP # 1:Title: _____
Synopsis: (Use separate page if needed)

PR L U M S A P G SI

WORKSHOP # 2:Title: _____
Synopsis: (Use separate page if needed)

PR L U M S A P G SI

WORKSHOP # 3:Title: _____
Synopsis: (Use separate page if needed)

PR L U M S A P G SI

WORKSHOP # 4:Title: _____
Synopsis: (Use separate page if needed)

PR L U M S A P G SI

Please Check Equipment Needs:

Screen for Power Point Presentation

For which workshop(s):

1 2 3 4

Extra Display Table

(check ONLY if you need more than the one table provided)

For which workshop(s):

1 2 3 4

Overhead

For which workshop(s):

1 2 3 4

Please return form to:
GACS
1551 Jennings Mill Rd St 2100A
Watkinsville GA 30677
or FAX to: 706-549-6625

or E-Mail (as an attachment) to:
info@gacs.org