

Section I- Workshop Details

Instructor/Facilitator	
Title of Workshop	
Audience	
Date(s) and Time(s)	
Please choose room arrangement from drop down menu: <i>see next page for options</i>	
Description of Workshop for Posting and Advertising	
Learning Targets for the Workshop	

Section II-Contact Information

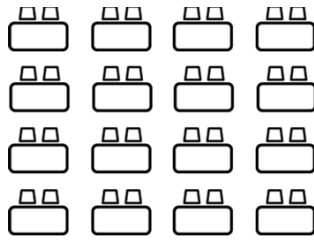
Company Name (if applicable)	Phone	Email Address
------------------------------	-------	---------------

Section III- For Nassau BOCES office use only

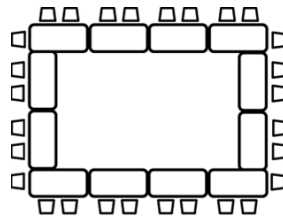
Subscriber Registration cost	Non-Subscriber Registration cost	Category Content	Location
Maximum Capacity	Minimum to Run	Total Hours/CTLE	

Please return to Corinne Suckle

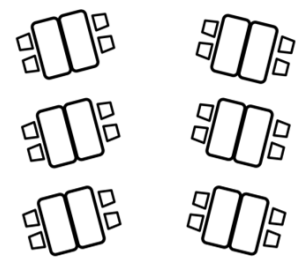
csuckle@nasboces.org



CLASSROOM



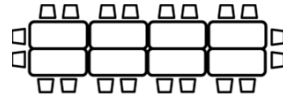
LARGE CIRCLE



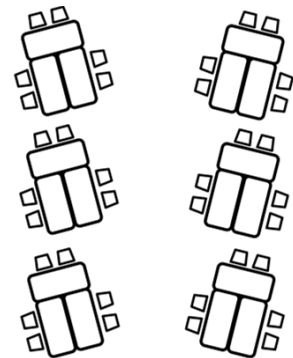
SMALL WORKGROUPS



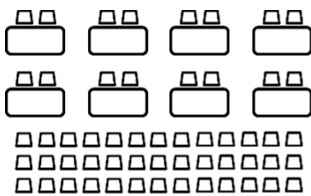
STADIUM



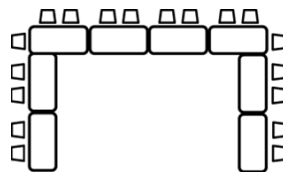
CONFERENCE



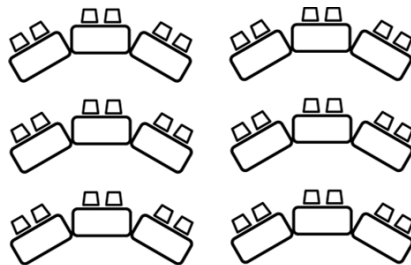
LARGE WORKGROUPS



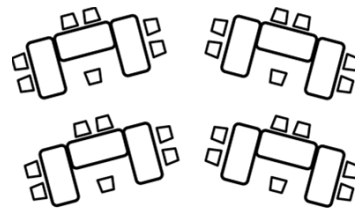
HYBRID



HORSESHOE



CHEVRONS



**FACILITATED
DISCUSSION
GROUPS**

To allow us to provide a better service, please choose from one of the following room arrangements.

(The number of seats and tables will vary depending upon the attendance.)

We will happily accommodate you, should you prefer an alternate arrangement.

csuckle@nasboces.org

**Coordinator of Professional Development Nassau BOCES -
Curriculum, Instruction and Technology**

n a s s a u
BOCES
Board of Cooperative Educational Services