



2010 WORKSHOP PRESENTER'S APPLICATION

Name: _____ Email: _____

Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Are you planning to attend for the entire weekend or just for your specific workshop?

(Circle One) The entire weekend Just my workshop

I would be willing to repeat this workshop on Friday or Saturday. Yes _____ No _____

I would be willing to facilitate a sharing session on Friday or Saturday evening. Yes _____ No _____

(Please fill in all categories that apply to you, not just the one you would speak about.)

If you are a Bereaved Parent

Child(ren's) Name (first and last): _____

Date of Birth _____ Date of Death _____ Cause of Death _____

If you are a Bereaved Grandparent

Grandchild(ren's) Name (first and last): _____

Date of Birth _____ Date of Death _____ Cause of Death _____

If you are a Bereaved Sibling

Brother's or Sister's Name(s) (first and last): _____

Date of Birth _____ Date of Death _____ Cause of Death _____

Notification of workshop acceptance will begin in February to early March 2010. The actual day and time that a particular workshop is scheduled will not be available until immediately before the Gathering. If you have an overriding need for your workshop to be scheduled on a certain day or time, please let us know and we will attempt to accommodate your request.

Please be aware that we may need to edit the information you provide in the interest of brevity or clarity.

If you are the author of a book for sale, you may contact the Centering Corporation to inquire about having your book available in the Gathering Bookstore. They are managing the book store this year and they may be reached at janet@centeringcorp.com or by calling Janet Sieff at 1-866-218-0101.

Applications may be mailed to the address below or apply on line at www.bereavedparentsusa.org

Mail your completed application to:

BP/USA, Workshops
c/o Ray & Linda Bates
P.O. Box 122
Lonsdale, AR 72087

For questions regarding the
application process contact:

Ray or Linda Bates at 501-939-2275
or lynnbat1127@yahoo.com

YOUR GRIEF EXPERIENCE

(In 4-5 sentences, please tell us about your grief experience as related to this workshop.)

This section is to give the workshop committee an idea of what your workshop is about and the information you will be presenting to the attendees. The outline portion is particularly important to the committee; you may add more subsections if necessary.

1, Suggested title _____

2. Topic _____

3. To whom is this workshop directed? _____

4. Outline

I. Objective of workshop

II. Issues Addressed

III. Wrap up—how attendees can apply what they learned in your workshop

May we have your permission to video your workshop for future use by chapters to view and share with their members! Yes _____ No _____

- Each workshop is 45 minutes long with 15 minutes for Q&A.
- If you intend to distribute any handouts at your workshop you should be prepared with **40 copies (minimum) per workshop**
- **It is your responsibility to provide or make arrangements for any equipment you need to present your workshop (e.g., projector) AND notify the Gathering committee as soon as possible**

Signature: _____