

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 late February to early March. 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 Linda Horn to inquire about having your book available in the gathering bookstore. You may contact her by email at Lfraccasi@aol.com or by phone at (630) 325-2816. (By phone after mid-February.)

All applications must be mailed to the postal address below. Applications **will not be accepted via email.**

Mail your completed application to:

**Workshops
Bereaved Parents of the USA
P.O. Box 703
Hinsdale, IL 60521**

For questions regarding the
application process contact

**Donna Corrigan
(630) 279-6148**

Signature: _____

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. This is a 50 minute presentation including Q & A

5. Outline

I. Objective of workshop

A.

B.

II. Issues Addressed

A.

B.

III. Handouts—plan for a minimum of 40 for a 1 time workshop

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

A.

B.