WORKSHOP REQUEST FORM

Local Unit Name _____________________________ Council __________ Region_____

Address ________________________________________________

Contact Name ________________________________________________

Phone Number (     )________________  Email ________________________________

Date of Workshop 1st _________ 2nd _________ 3rd _________

Suggested time of workshop _________  Number of attendees expected _________

Location of Workshop ____________________________________________

Please select a workshop (one workshop selection per form) and Fax to (303) 420-7703

_____ Advocacy: A Voice for all Children
_____ Bullying Today: How to Prevent the Violence
_____ Conflict Management
_____ Cyberbullying
_____ Diversity is Our Strength
_____ Fathers and Their Children’s Education: It’s Important to Be Involved
_____ Gang Awareness: Not My Kid!
_____ Go Ahead and Ask: We Need to Reach Out
_____ Hey Dad! We’re Your Most Important Job
_____ Home Safety
_____ Kids And the Law: An A to Z Guide For Parents
_____ Making Homework Manageable  * CIPRC
_____ Membership: Here’s to a Successful Campaign
_____ Officer Training
       _____ President
       _____ Secretary
       _____ Treasurer
_____ Parent Talk: A Quick Reference For Families
_____ Parent-Teacher Conferences  * CIPRC
_____ Partners in Education
       _____ Teachers and the PTA
       _____ The Site Administrator and the PTA
       _____ The Superintendent and the PTA
       _____ The School Board and the PTA
_____ Reflections
_____ School Wellness: Parents Are the Power
_____ So This is PTA
_____ Talking to Teens About Drugs and Alcohol
_____ Ten Ways to Involve Men in PTA
_____ Understanding the Media Around Us
_____ What to Tell Your Child About Prejudice and Discrimination
_____ Working Together: Building a Team

* Also available through Colorado Parent Information Resource Center  2011