



Workshop Exchange Information Form

A workshop you have done has been recommended to us as one that other councils or conference organizers might be interested in. In order to help us catalog this workshop, please fill in or correct this form and return it in the stamped self addressed envelope ASAP.

Name _____

Address _____

City _____ Province/State _____ Postal Code _____

Phone: Home _____ Work _____

Email _____

Council _____ Region _____

Are you a Cadet counselor? _____ How many years have you been a counselor? _____

Which offices have you held? Head Counselor Council President Congressman
 Other (explain) _____

Workshop Info

Workshop Title _____

Workshop Description _____

Workshop Objective and Key Concept _____

Who is this workshop for? General Specific _____

Equipment Needed	Material Needed
_____	_____
_____	_____
_____	_____

Cost to participants : _____ Length of workshop: _____

Number of times workshop has been presented:

_____ Total _____ To your council _____ To other councils

Miscellaneous Information

Are you willing to present this workshop at other councils? Yes No

Are you willing to let other DCEs use your workshop material? Yes No

How far are you willing to travel to share this workshop? _____

What compensation would you want to do this workshop at another council? _____