EVENT PARTICIPATION CHECKLIST

GENERAL
Name: ______________________________________________________________

Event Title: __________________________________________________________

Event Date and Location: ________________________________________________
___________________________________________________________________

Event Sponsor(s): ______________________________________________________
___________________________________________________________________

Event Type: ________ National ________ State ________ Local

Estimated Number of Event Participants: ____________________________________

STAFF PARTICIPATION

Type of Participation:
_____ Workshop   _____ Round Table
_____ Keynote/Plenary   _____ Poster Display
_____ Other, be specific __________________________________________

Audience: _________ #Expected _________ # Attended *

*Percentage of minority participation:
_____ African American   _____ Hispanic   _____ Asian
_____ Other, be specific __________________________________________

Session Title: _________________________________________________________

Length of Session/Presentation: _________________________________________
Session Overview: _____________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

DISSEMINATION

I need the following general Partnership resources to disseminate:

   ______ # Partnership Brochure   ______ # Disseminated

   ______ # Partnership Portfolio   ______ # Disseminated

I need the following Partnership Project resources to disseminate or sell:

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<th>Item</th>
<th>______ # Disseminated</th>
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These resources will be disseminated:

   ______ To specific session participants, or
   ______ To all conference participants.

Date Resources Needed: ___________________________________________________

N/A ______ I do not need any Partnership resources to disseminate

Reminder

FAX (828-0042) or mail (P.O. Box 843020) this form to Bill Tinsley, 10th Floor, Room 1018, at least 3 weeks prior to the scheduled event.