

Life Enrichment Expo

2012

Request for Workshop

Name of Workshop_____

Who will be leading the session?_____

Short Description of Workshop_____

Who would most benefit from this session?_____

Are there any services that need to be purchased to support this?

Organization Requesting Workshop_____

Contact person_____

Phone_____email_____

Date_____

Cost: \$75 includes use of audio visual equipment

Return form to Carlin Trietsch

Springfield Jewish Community Center

Neal Webber Building

1160 Dickinson Street, Springfield, MA 01108

Fax: 413-739-4747 email: ctrietsch@jcca.org

Office Use only: Workshop Accepted/Not_____Date_____