

2019 ACES Family Academies Educational Session Proposal Sheet

July 11-12, 2019 ACES Family Academies

Please complete **all** of form, as this information is necessary for workshop preparation!

**Session Title _____

**Two-Three Sentence Description: _____

**Contact Name: _____

**Address: _____ City _____ Zip _____

** Email _____

**Daytime Phone: _____ Cell or Emergency phone: _____

**Estimated Cost of Workshop per Participant \$____.____

**Minimum # of Participants Desired: _____ **Maximum # of Participants Desired: _____

**Target Age for your activity: _____ Morning or Afternoon: _____ No Preference _____

I am willing to do a two of the same session? Yes _____ -OR- No _____

_____ Same Day -OR- _____ Alternate Days

Shirt Size: _____ Small _____ Medium _____ Large _____ X-Large _____ XXLarge

Instructors will receive an ACES Family Academies T-shirt.

Room Needs.

_____ I have a classroom that I can reserve for my session. Location: _____

_____ I will need a classroom space for my session. Will need more details below (size, room set up needs).

_____ I will provide a tour, no classroom needed. Participants will meet: _____

Please explain any other needs you have and any details regarding the checked boxes above:

Thank you for your support of the College of ACES Alumni Association!

Return by February 1, 2019 to Tina Veal, Director of Alumni Relations

vealt@illinois.edu or mail to: 124 ACES Library, Information & Alumni Center, Urbana, IL 61801 MC - 162

** MUST BE COMPLETED!