



Learning Opportunities – Host a Workshop

Personal Information

Miss Mrs. Ms. Mr. Dr.

First Name: _____ Province/State: _____

Last Name: _____ Country: _____

Organization: _____ Postal/Zip code: _____

Title/Position: _____ Web Site: (if applicable): _____

Address: _____ Telephone: _____

_____ Fax: _____

City: _____ E-mail: _____

Organization Type (see Client Categories on the CCI Web site): _____

Request Information

You will find a list of the workshops offered under the Learning Opportunities at www.cci-icc.gc.ca

First choice: _____ Second choice: _____

If "Other", please specify workshop needs: _____

Rationale – Provide a brief statement explaining why you are requesting this workshop. Please include a description of how your community or organization has demonstrated a need for professional development in this topic area, e.g. needs assessments, consultations, etc.: _____

Target audience – Briefly describe your target audience and why they will benefit from this workshop: _____

Anticipated number of participants: _____ **Estimated participant fee:** _____

Intended location – Provide the name of the city or town and possible site location: _____

Methods/sources of publicity: (List and briefly describe the methods and sources your organization will use to publicize this workshop.) _____

The fee includes: refreshments lunches no food

Partnering organizations (if any): _____

Key Request Dates – When would you like to host this workshop? _____

You may attach supporting documents or images