

**Workshop Leader (WSL) Information Form  
for the 19<sup>th</sup> Annual EYH Conference January 31, 2009**

Expanding Your Horizons through Math, Science, and Technology Conference

*Illinois State University, Campus Box 4520, Normal, IL 61790*

*Please print all information clearly. There is NO fee for being a Workshop Leader.*

*(Please return this completed form by email to [johns@phy.ilstu.edu](mailto:johns@phy.ilstu.edu) by October 6, 2008.)*

**Workshop Leader (WSL) Information:**

WSL Name \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_ Name of Workplace \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

*Supervisor to whom we should send a "thank you" acknowledgement (optional)*

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

*If you have any co-leaders, we'll collect that information later.*

**Workshop Information:**

**Workshop Title** *(Please create an inviting and descriptive title that captures the essence of your workshop.)*

\_\_\_\_\_

**Workshop Description** \_\_\_\_\_

\_\_\_\_\_

**Conference Day Information:**

What times during the day would you be willing to present your workshop? It is helpful if you can present at least two session times. (The EYH Conference will provide a lunch for Workshop Leaders.) Please circle all sessions that apply.

**10:20-11:10 AM      11:25-12:15 PM      1:45-2:35 PM**

Co-Workshop Leader Names: \_\_\_\_\_; # for lunch \_\_\_\_\_

**Circle:** Minimum # of participants: 4, 8      Maximum # of participants: 8, 12, 16, 20

**Additional Information:**

Grace Foote Johns, ISU Physics, will be contacting you about your room and equipment needs (such as a TV/DVD player, a computer lab, or a science lab with running water. Please contact Grace—(309) 438-8758 or [johns@phy.ilstu.edu](mailto:johns@phy.ilstu.edu), or fax (309) 438-5413--if you have any questions in the meantime.

Information regarding this EYH conference program will be made available on-line at [www.eyh.ilstu.edu](http://www.eyh.ilstu.edu).

The 19<sup>th</sup> Annual EYH Conference is scheduled for Saturday, January 31, 2009

Name of WSL \_\_\_\_\_

Date \_\_\_\_\_

We ask that one of the Workshop Leaders check in at conference headquarters to pick up your Workshop Leader Folder by 9:00am. Name of person checking in: \_\_\_\_\_

We will do our best to provide each workshop with one EYH assistant. This person will take attendance and assist you with the distribution of materials. If your workshop needs more than one EYH assistant, please tell us how many we should provide. \_\_\_\_\_ EYH assistants

Will you need help transporting any equipment **to or from your workshop room**? Yes No

**Rooms and Equipment**

What type of room will best accommodate your workshop. (Please check only one.)

- \_\_\_\_\_ Laboratory (Most have long tables, running water, and fume hoods.)
- \_\_\_\_\_ Classroom (Most have a chalk or marker board and an overhead projector.)
- \_\_\_\_\_ Other (Please Describe.) \_\_\_\_\_

What special equipment do you require for your workshop?

- \_\_\_\_\_ PC      \_\_\_\_\_ MAC      \_\_\_\_\_ printer      \_\_\_\_\_ Overhead      \_\_\_\_\_ Projector
- \_\_\_\_\_ TV      \_\_\_\_\_ VCR      \_\_\_\_\_ Water Source      \_\_\_\_\_ Gym mats      \_\_\_\_\_ Tables
- \_\_\_\_\_ Lab counter space      \_\_\_\_\_ Other (Please describe.) \_\_\_\_\_

If you are a returning workshop leader, would you like to use the same room? Yes No

If you are a member of the ISU community, is there a special “department owned” room you would prefer to use? If so, please assist EYH in reserving this room in your department by TBA—department owned rooms are free and help keep our EYH Conference costs down. Please confirm with Grace Johns of EYH the building and room you have reserved and send us a photocopy of the facility request form.

**Co-leader #1 Work Name Information:** \_\_\_\_\_

Job Title \_\_\_\_\_ Workplace \_\_\_\_\_

Address \_\_\_\_\_

Supervisor to whom we should send an acknowledgement

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

**Co-leader #2 Work Name Information:** \_\_\_\_\_

Job Title \_\_\_\_\_ Workplace \_\_\_\_\_

Address \_\_\_\_\_

Supervisor to whom we should send an acknowledgement

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

*Please duplicate this form if you have additional co-leaders.*

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Name of WSL \_\_\_\_\_

Date \_\_\_\_\_

**Additional Information:**

Information regarding this EYH conference program is being made available on-line (at [www.eyh.ilstu.edu](http://www.eyh.ilstu.edu)) as part of the ISU-EYH World Wide Web site. ISU-EYH policy stipulates that we only list your workshop (title and description) along with your name and place of employment (together with any co-leader's names and places of employment). Many site visitors may find additional information about you and your workshop to be very interesting. Please complete the following information if you would like it to be included on the EYH web site.

Please provide a short biography about yourself. Items of interest may include your educational background, your professional/work experiences, personal items of interest, and a short statement of what brought you to the field you are in. You may add informational sheets for your co-leaders if you wish.

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If you would like to share your web page, please provide the address.

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**Other Volunteers you can suggest to the EYH Conference:**

Would you recommend a co-worker or friend who would like to help us by doing a workshop, a display, by being a Mystery Woman, or by helping us in other ways?

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

Role person might be interested in \_\_\_\_\_

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

Role person might be interested in \_\_\_\_\_

**EYH Conference Mailing Address:**

**Dr. Carol T. Benson, Director**  
**Expanding Your Horizons Conference**  
**Illinois State University**  
**Campus Box 4520**  
**Normal, IL 61790-4520**  
**(309) 438-3012 or [benson@ilstu.edu](mailto:benson@ilstu.edu) or [www.eyh.ilstu.edu](http://www.eyh.ilstu.edu)**