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### Workshop Request Form

*Please return completed form via email, fax or mail*

Requester's Name	
Title/Position	
Will this person be the adult staff member present in the room during the workshop? (If not, please enter their name and position.)	
School/Organization	
Email	
Phone	
Fax	
Address	
Is this the location of the workshop? (If not, please enter the address of workshop location.)	