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 **Faculty Development Delivered Workshop: INTEREST FORM**

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| Name of Group |  |
| Group Contact Name Email and/or Phone  |  |
| Group Address |  |
| Group Website |  |
| Program/Department distance from airport |  |
| Program/Department can provide on-site admin support and a/v equipment (including internet) |  |
| Facility/Training Venue |  |
| Size of workshop audience  |  |
| Will workshop participants be from various sites/programs? |  |
|  |
| **TOPIC** | **NOTES** |
| Introductions:“WHO” is the group? |  |
| Departmental/ Institutional background |  |
| Issue(s) the workshop is to address |  |
| Target audience-description and number |  |
| Desired workshop outcomes |  |
| Desired workshop length |  |
| Desired speaker characteristics |  |
| Options for dates |  |
| Other workshop-related issues |  |