



304 West Kirkwood Avenue
 Bloomington, IN 47404
 888.763.9045; 866.308.3135 FAX
 www.solution-tree.com

Workshop Specifications

Please provide the following information about your workshop and return this form to Solution Tree, Inc. with the signed contract or at least 90 days before 9/24/2008.

Speaker: Cassandra Erkens
Host: April Gates
Organization: State of Wyoming Formative Assessment Institute
Daytime phone number: _____
Evening phone number(s): _____

Workshop date(s): 9/24/2008
Start time: _____
End time: _____
Lunch time: _____
Break time(s): 1. _____ 2. _____ 3. _____

Audience Makeup—Please enter anticipated number of attendees

# of District-Level Administrators	# of Secondary Principals	# of Primary Principals	# of Secondary Teachers	# of Primary Teachers	# of Others (describe)
Total Number of Anticipated Attendees					

Location of Workshop: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

What are your expectations and desired outcomes? _____

Please advise if you have made hotel reservations for the speaker. If not, please recommend a hotel.

Hotel name: _____ Phone Number: _____

Hotel date(s): _____ Confirmation Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Airport to fly in to: _____ **Estimated travel time from airport:** _____

Ground transportation information: (i.e. car rental or hotel shuttle) _____