



Yawkey Club of Roxbury
115 Warren St.
Roxbury, MA 02119
Telephone: (617) 427-6050
Thursday & Friday, April 23rd & 24th 2009

Workshop Presenter Form

Please complete the following:

Your Name: _____

Workshop Name: _____

Date of Workshop: _____ April 23rd _____ 24th

I can present in the: _____ morning (10:30-12:30am) _____ either
_____ afternoon (1:45-3:45pm) _____ both

Contact Info:

Title _____

Organization _____

Address _____

Phone: _____

Fax: _____

Email: _____

I can stay all day Thursday: ___Yes ___No

I would like to participate on Friday as a Challenge Team Mentor:
___Yes ___No

I can't do a workshop, but I still want to help on: ___Thurs. ___Fri.

Technology SET-UP

Rooms will be set-up with workstations or laptops for approximately 6-12 participants. Please let us know if any **additional hardware, software, peripherals or room set-up modifications** are needed below:

<i>Hardware</i>	<i>Software</i>
<i>Modification if any:</i>	

Please fax, email, or mail this form by April 17th, 2009

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