

D Center: Workshop Application

You can print out this form and submit a hardcopy in person, or scan the document and send it to dcmmedia@uw.edu titled: "Workshop Application."

The D Center welcomes your workshop and/or event ideas. We extend this invitation to people outside of the University of Washington or Seattle area. We provide three options for you to submit your workshop application: electronically, PDF file to submit a hardcopy or a word document that can be filled out and e-mailed to dcmmedia@uw.edu, titled: "Workshop Application."

We are looking for folks, organizations and the like to submit Disability and/or Deaf oriented multi-issue workshop proposals/ideas.

The workshop must be related to Disability/Deaf topics. The topic can be political, cultural, etc. An example of a workshop is "Disability and Sexuality." The presenter should also identify as Sick, Disabled, Deaf etc. For the descriptions of the proposal make it approximately 500 words or less—a brief description of the topic you intend to discuss.

Folks outside of the University of Washington Seattle (meaning folks who are not current students, faculty and staff) will be compensated for their work. Unfortunately, the D Center cannot pay people who are current students/faculty/staff.

Thank you for your ideas.

You may contact our Programming and Outreach Coordinator for more information at: dccomm@uw.edu.

If you have any technical difficulties or want to double-check that we have received your application, please contact: dcmmedia@uw.edu.

Name of speaker: _____

Name of liaison (if applicable): _____

If we are not working directly with the speaker, we'd like to know your name too!

Preferred pronoun(s) of the speaker (optional): _____

E-mail address: _____

Workshop title: _____

Brief bio about the speaker: _____

Workshop proposal/idea: _____

Requested speaker fee: _____

What are your preferred dates/months/timeframe?:

(Example: Any Fridays (or can state a specific date if desired) in March 2015 at 4:00pm)

Duration of the workshop (in hours:minutes): _____

- Do you require ground transportation?:**
- Yes
 - No
 - Not sure

Do you require air transportation?:

- Yes
- No
- Not sure

If you do require air transportation, which airport will you be flying out of?:

Will you need lodging (a place to stay?):

- Yes
- No
- Not sure

If you will require lodging, what night will be your first night? (MM/DD/YYYY):

If you will require lodging, what day will you check out? (MM/DD/YYYY):

Please state what kind of technology you will be using (i.e., PowerPoint, videos, etc.) or what kind of technology will you require (microphone, adapter, projector, etc) from the room? Additionally, if you have a preferred layout of a room, please let us know:

Any access needs? (optional): _____
