This application is for Toastmaster International, District 60’s 2019-2020 events listed in the table below. Select if your application is for one, two, or all events.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Check****Box (X)** | **Event** | **Event Date** | **Application Deadline** | **Notification** |
|  | January TLI/COT | 11 January 2020 | 16 December 2019 | 17 December 2019 |
|  | Annual Conference | 18-19 April 2020 | 7 February 2020 | 19 February 2020 |
|  | June TLI/COT | 13 June 2020 | 8 May 2020 | 18 May 2020 |

# SELECTION CRITERIA

District 60 encourages new and previous workshop facilitators to propose new and past workshops. Workshops applying for these district level events should be tested at prior events at your club, area, division, or outside Toastmasters. If you haven’t tested the workshop yet, please provide your plan for testing in the experience section.

Workshops should be designed to fill 60 minutes, including an introduction and closing statement. Group size may range from 10 to 60 participants. Preference is given to workshops with an interactive component to engage adult learners.

TLI/COT workshops focus on club success (3 to 4 workshops). There is a desire for a workshop to review the distinguished club program (DCP). The workshop should also motivate officers to create and execute a plan. Also, the District wants a workshop focusing on club promotion to the public. Conference workshops are selected from four tracks: Leadership, Personal / Professional Development, Communications, and Club Success.

# INSTRUCTIONS AND RELEVANT INFORMATION:

* Complete all selections and submit by the application deadline. Partially completed submissions will not be considered
* Use separate pages for additional information, if required.
* Submit a headshot photograph with the application.
* Review the Conditions on the last page and sign (or input) your name where indicated at the bottom
* You are invited to submit one or more workshop topics. Each workshop topic requires a separate application.
* Send questions and completed forms to the Workshop Bureau Chair, Justin Edenbaum, at workshops@toastmasters60.com. Files name should include your last name, workshop title, and submittal date YYYY-MM-DD.

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| **WORKSHOP OVERVIEW** |
| **PRESENTER NAME(S)** |  |
| **Email:** |  |
| **Phone #:** |  |
| **Workshop Title:**(Must be fewer than 10 words) |  |
| **Learning Outcomes:**Explain what the member will learn from your presentation – why should they come to your presentation? |  |
| **Workshop Synopsis:**This synopsis will be provided in promotional material. Must be fewer than 50 words. |  |

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| **WORKSHOP DETAILS** |
| **Learning Track:** Select the most appropriate track |  |  Leadership |  | Communication Skills |
|  |  Personal / Professional Development |  | Club Success |
| **Detailed Description:**Provide a detailed explanation and/or outline of your presentation: |  |
| **Interactive Component:**Explain one or more interactive components from your workshop.  |  |
| **Introduction:**Provide a one-minute introduction for your activator, approximately 100-150 words |  |
| **Additional Considerations**:Provide any additional comments or details that you feel would support your application. |  |

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| **FACILITIES** **REQUIREMENTS** |
| **Visual Aids / Support**  |  | **Handouts** |  | **Flip Charts & Markers** |
| Check the items below you will require (x) |  | **Projector** |  | **Screen** |
|  | **Lectern** |  | **Table**  |
| **Additional Notes on AV Equipment:** |  |

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| --- |
| **PRESENTER PROFILE** |
| Toastmasters Designation(s): |  |
| Toastmasters Club Name: |  |
|  Division & District: |  |
| Biographical summary:(Please limit to 50 words) |  |
| Previous experience facilitating workshops (Club level or elsewhere) |  |
| Previous Toastmasterspresentation experience outside of your club: |  |

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| **EXPERIENCE AND REFERENCES** |
| Past and planned experience for presenting this workshop (before the event) |  |
| List two Toastmasters who can comment on 1) your skills as a presenter and 2) the proposed workshop’s suitability for a District event. At least one of these members should have seen or will see your workshop. |
| Name: |  |
| Email: |  | Phone: |  |
| Name: |  |
| Email: |  | Phone: |  |

|  |  |
| --- | --- |
| Would you like your Workshop to be considered for the **Workshop Bureau?**The **Workshop Bureau** (located under the Club Officers tab) is a compelling library of exceptional workshops that Clubs, Areas, Divisions, the District and other organizations may request for their meetings and special events throughout the year.‎ | Y/N |
|  |

# CONDITIONS

The following conditions must be met for consideration of your application. As a facilitator, I understand that:

1. My photo and workshop information may be used for District 60 promotional purposes.
2. Materials presented remain my own intellectual property; any handouts must include a clause specifying any copyrights (if there are any) and/or restrictions on copying.
3. I am responsible for arranging any video recording of my workshop; participants must be informed of such before the workshop begins.
4. Once my workshop proposal is approved, I agree that I will not change the topic or alter the content substantially without prior notification and approval from the Workshop Bureau Chair.

I acknowledge that I have read and agree to all of the above conditions and that all of the information I have provided in this application is correct, to the best of my knowledge.

|  |  |
| --- | --- |
| Date: |  |
| Signature or printed name: |  |