



## Workshop Proposal

Fantasia Fair, October 14 – 21, 2018  
Provincetown, Massachusetts

[www.FantasiaFair.org](http://www.FantasiaFair.org)  
[programs@fantasiafair.org](mailto:programs@fantasiafair.org)

We're working on a web form for submissions, but for now the following procedure applies.

If you would like to present a workshop at Fantasia Fair, please print this form, fill it out, and send it to us via e-mail at [programs@fantasiafair.org](mailto:programs@fantasiafair.org) or by U.S. mail at Fantasia Fair, P.O. Box 681, Ringwood, NJ 07456.

If you wish to present more than one workshop then please complete a form for each workshop—although only one form needs to contain the biography text. You may add additional pages if necessary. All information contained within is confidential.

Rename your file with the file name *WorkshopTitle\_LastName\_FirstName.docx* and e-mail it as an attachment **along with a recent high-resolution head-shot photo for each presenter** to [programs@fantasiafair.org](mailto:programs@fantasiafair.org). If your workshop is selected, the photos will be used on our website and in our program book. If you don't wish for your image to be used, please note this at the top of the form.

Your Name:

City, State/Prov, Country:

Primary Phone:

Alternate Phone:

e-Mail Address:

Your preferred pronouns:

**Please indicate you availability and time-slot preference.** Fantasia Fair has two daily 90-minute workshop sessions, 10:00 am to 11:30 am and 3:00 pm to 4:30 pm. There are no Monday morning workshops due to an orientation brunch. In the following table, put a "1" for your 1<sup>st</sup> choice, a "2" for your 2<sup>nd</sup> choice and so on. If you are not available at a specific time, please indicate with "N/A".

	Mon	Tue	Wed	Thu	Fri	Sat
10:00 – 11:30						
3:00 – 4:30						

Workshop Title (100 characters maximum):

**Workshop Description (100 - 150 words):**

**Indicate the Primary Audiences Intended for the Workshop:**

- |  |  |   |                                     |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Transfeminine                                       | <input type="checkbox"/> Transmasculine                    | <input type="checkbox"/> Intersex           | <input type="checkbox"/> LGBT Youth |
| <input type="checkbox"/> Couples   | <input type="checkbox"/> Spouses / Significant Others      | <input type="checkbox"/> Cisgender / Allies | <input type="checkbox"/> Androgyny  |
| <input type="checkbox"/> Nonbinary / Genderqueer / Nontraditionally Gendered | <input type="checkbox"/> Professionals / Service Providers |   |                                     |
| <input type="checkbox"/> Other:  |  |   |                                     |

**Indicate the Primary Themes of the Workshop:**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Politics / Law          | <input type="checkbox"/> Insurance / Employment    | <input type="checkbox"/> Health / Medical      | <input type="checkbox"/> Family             |
| <input type="checkbox"/> Self-Improvement        | <input type="checkbox"/> Sexuality / Relationships | <input type="checkbox"/> Youth                 | <input type="checkbox"/> Aging              |
| <input type="checkbox"/> Spirituality / Religion | <input type="checkbox"/> Gender Theory             | <input type="checkbox"/> Identity & Expression | <input type="checkbox"/> Transition-Related |
| <input type="checkbox"/> Fashion/Appearance      | <input type="checkbox"/> Culture / Arts / History  | <input type="checkbox"/> Community             | <input type="checkbox"/> Activism           |
| <input type="checkbox"/> Other:                  |  |  |   |

**Please list up to three learning objectives for your workshop.** Learning objectives identify the benefits to the attendee by taking your workshop. Some examples of learning objectives are “Understand the differences between sex, sexual orientation, and gender” and “Have better control over one’s voice to more closely align with their gender presentation.”

**Indicate what Audio/Visual Requirements you will need, if any:**

- |   |                                     |                                    |                                |   |
|---|-------------------------------------|------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Windows Laptop | <input type="checkbox"/> Mac Laptop | <input type="checkbox"/> Projector | <input type="checkbox"/> Easel | <input type="checkbox"/> Easel with Paper Pad |
| <input type="checkbox"/> Other:         |                                     |                                    |                                |   |

**Would you like for us to contact you about advertisement opportunities our conference?**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Yes, please! | <input type="checkbox"/> No, thank you |
|---------------------------------------|--|

**Is there anything else that you would like us to know about you or this workshop?**

**Name of each presenter, as you would like them officially listed:**

**Biography Text (100 - 150 words for each presenter; should be in third person):**