

# THE ROWLAND foundation

## Application for Conference Workshop

Name of Presenter(s):

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Date:

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School or Organization:

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Title and/or areas of responsibility:

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Your email address:

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Your phone number:

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Name and email of principal/head of school:

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Phone number of principal/head of school:

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Title of Workshop

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### Description:

On the back of this application or on a separate page, please provide a detailed description and goals of the workshop you wish to offer. Please plan on a two hour workshop.

Return this application by June 1 to:

The Rowland Foundation  
P. O. Box 88  
South Londonderry, VT 05155