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**CALL FOR PRESENTERS**

**2015 CSFS Health and Wellness Conference**

Carrier Sekani Family Services invites interested individuals / groups to volunteer to facilitate workshops for the 2015 CSFS Health and Wellness Conference, to be held at The Coast Inn of the North and Prince George Civic Center July 14-16, 2015.

It is anticipated that 800 community members, frontline workers and knowledge holders from across BC will attend. Workshop length is 90 minutes, and may be repeated during the event. The workshop size can range from 30 to 50 participants.

Preferences of workshops will be given to those workshops that compliment this year’s focus. The focus which is the holistic life cycle model of care (pre-natal – death) which includes: healthy living, addictions, traditional ways and customs, effects of colonization, healthy living, parenting, FASD, Environmental Health, physical health and screening, criminal justice system and support to attendees through a connectedness with tradition and culture. We would like workshops to increase and enhance social skills, and education on all holistic health issues.

Please complete the application in the following format and e-mail/fax submission(s) to:

Lisa Dasilva

Carrier Sekani Family Services

987 4th Avenue

Prince George BC V2L 3H7

Lisa@csfs.org

Fax: 250-562-2272

**Facilitator Information**

*(Please fill out a separate application for each presentation/workshop idea/option)*

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| **Presenter Name(s)***(List Main Contact)* |  |
| **Affiliation***(Band, Organization, Institution, etc.)* |  |
| **E-mail***(main and alternate e-mail)* |  |
| **Phone & Fax Number** |  |
| **Mailing Address** |  |
| **Presentation Type***(can check more than one)* | \_\_\_ Movement\_\_\_ Presentation (i.e. set materials, PowerPoint, scripted)\_\_\_ Exercise / game\_\_\_ Role play\_\_\_ Question and Answer / Discussions\_\_\_ Other (Please describe in 10 words or less) |
| **Interaction Level***(specify how your workshop is interactive and inclusive)* |  |
| **Target Audience** | 🞏 Community members 🞏 Elders 🞏 frontline workers |
| **Name of Presentation** |  |
| **Workshop Summary***(In no more than 1 page, describe highlights, lesson plan/workshop timeline, and learning/information objectives to be achieved within timeframe. Link goals of workshop to conference theme. Indicate if supplementary materials to be handed out – can list as an appendix)* |  |
| **Equipment***(List equipment along with quantity – i.e. 3 flipcharts, 2 tables)*NOTE: Must supply your own computer for multimedia presentation |  |
| **Room Requirements***(Indicate any special room set-up requirement – i.e. require an intimate atmosphere, separate staging area, chairs in the round/semi-circular)* |  |
| **Participation Level***(Indicate participation limits if needed – note; majority of workshop rooms accommodate 30 to 50 participants)* |  |
| **Presenter(s) Bio***(up to a 100 word biography each on presenter and co-presenters)*  |  |

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**987-4th Avenue, Prince George, BC V2L 3H7 Phone: 250-562-3591 Fax: 250-562-2272**