

APPALACHIAN GESTALT THERAPY INSTITUTE



Workshop Proposal

Appalachian Gestalt Institute

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NOTE:

Fill in and save this form using Adobe Acrobat.
Don't have Acrobat? Click the button for free download:

Name of Presenter:

Degrees / Certificates held:

Presenter's Bio:

Title of Presentation:

Workshop Description:

How does this relate to Gestalt?

Objectives of Workshop:

Agenda:

Length: Hours
 ½ day
 1 day
 2 days
 Other

Time: am pm to am pm

Minimum Participants: Maximum Participants:

Cost, if any: \$

Is there any special equipment you will be bringing or need (e.g. audio/visual, chairs, tables, or supplies) ?

What equipment—if any—do you wish AGTI to be responsible for?

Do you need the room/area to be set up in a certain way?

Name of Co Presenters, if any:

Degrees / Certifications Held:

Function at Workshop:

Co Presenter's Bio:

Please save and send form to: agtiaagt@gmail.com

If you have any questions, contact Nicholas Emmanuel at 828-508-4539.