



Workshop Proposal

Fantasia Fair 2020
 October 18 – 25, 2020
 Provincetown, MA

www.fantasiafair.org
Programs@fantasiafair.org

Submission deadline: **August 15, 2020**

Sponsored by: Transgender Education Association

Instructions:

If you would like to present a workshop at Fantasia Fair, please fill out this form. 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.

After filling out this form, save it in Word format with the filename *WorkshopTitle_LastName_FirstName.docx* and then email it as an attachment **along with a recent high-resolution head-shot photo for each presenter** to programs@fantasiafair.org. If your workshop is selected, the photos will be used on our website and in our program book.

Preferred Name:		
Mailing Address:		
Email Address:		
Home Phone:	May we use this number to contact you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what name should we ask for?
Mobile Phone:	May we use this number to contact you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what name should we ask for?

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 a welcoming brunch.

Please indicate your availability and time-slot preference:

1: 1st choice; 2: 2nd choice; 3: 3rd choice; N/A: Not Available

Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10:00 – 11:30						
3:00 – 4:30						

A/V Needs:	Please supply your own laptop for any electronic presentation. You will be able to plug into either a TV or an overhead projector if your workshop is schedule at the Crown and Anchor. Other locations may not support.
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Workshop Title: <small>As will appear online and in print: (100 Character. Max.)</small>	
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1 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: | | | |

2 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 / Make-up | <input type="checkbox"/> Culture / Arts / History | <input type="checkbox"/> Community | <input type="checkbox"/> Activism |
| <input type="checkbox"/> Other: | | | |

3 Name of Presenter(s) as will be officially listed:

4 Biography Text (100 - 150 words for each presenter; should be in 3rd person):

5 Workshop Description (100 - 150 words):