



Workshop Form (Required)

Please complete the following form and email (info@stephaniecovington.com) or fax (858-454-8598) back no later than two months in advance to your event. Gathering the following information is an important part of planning for the upcoming conference/training – it will ensure that the organizing goes as smoothly as possible. If any of the questions below do not apply to your particular event please write “NA”. Likewise, if a certified trainer is presenting in place of Dr. Covington, please answer the question with regards to the trainer instead of the referenced “Dr. Covington”. If you have any questions please feel free to call for further information at 858-454-8528. **Note that you may “save-as” this PDF document onto your computer desktop, open the saved desktop version of this document (not the attached email version), then fill in this form out electronically (and save the file again once you have filled it out) instead of handwriting the information.** Thank you in advance for the hard work that you have put into organizing this event!

1. **General Information** (if Dr. Covington is participating as part of a conference, please provide general conference information here. If this is an event where only Dr. Covington is providing a training, provide that information here and you may skip 2a and 2b below)

a. Date(s) of conference/training event: _____

b. Name of Event: _____

c. Location of Event (full address, including zip code): _____

d. How many participants do you expect to attend this event? _____

e. Primarily from (check all that apply): Mental Health Substance Abuse Criminal Justice

Other, _____

f. Is your training open to the public, if they want to register? Yes No

If yes, we'll list it on Dr. Covington's website on the Speaking Schedule. Please provide the following:

Name of Contact Person to Register for this event: _____

Contact Phone: _____ Contact Email: _____

Website: _____

Fee to Attend: \$ _____ Will CEUs be available? Yes No

g. Please email the event brochure to info@stephaniecovington.com

2. Dr. Covington’s Participation at the Event

a. Please provide the following information regarding the Keynote/Plenary:

- Date and Start/End Time: _____
- Name of the Keynote/Plenary: _____
- Location (*building, room #, etc.*): _____
- Expected number of participants for the Keynote/Plenary (not the entire event): _____

b. Please provide the following information regarding the Workshop (*if there is more than one Workshop at this event, please provide below information for both*):

- Date and Start/End Time: _____
- Name of the Workshop: _____
- Location (*building, room #, etc.*): _____
- Expected number of participants for this Workshop (not the entire event): _____

c. Who is primary contact for Dr. Covington to coordinate with for this event?

Name: _____

Contact Phone: _____ Contact Email: _____

d. We typically email over the following items prior to the event:

- PowerPoint presentation in .pptx format to be loaded onto your laptop used at the event
- Adobe PDF file which contains printable PowerPoint slides/notes area that you will need to provide as handouts to attendees of this event

What is your deadline date to receive this information? _____

Who should we email it to? Name: _____

Email address: _____

e. Please be sure the following AV equipment will be available (as per earlier conversation):

- | | |
|---------------------------------------------------------------------|---------------------------------|
| 1. LCD Projector and screen | 4. Flip chart with markers |
| 2. Laptop with Dr. Covington’s PowerPoint pre-loaded | 5. Lavalier wireless microphone |
| 3. Table (not podium) for laptop, water, and Dr. Covington’s papers | |

f. Please check any of the following items you wish us to provide you with (*check all that apply, these items are typically used in your promotional materials and/or for CEU applications*):

- Bio Headshot CV Short Description of presentation/workshop
- Objectives for presentation/workshop Agenda of presentation/workshop

What is the deadline date you need the above items? _____

You may also access Stephanie Covington’s CV and Bio at www.stephaniecovington.com

You may also access Center for Gender and Justice Bio and activities at www.centerforgenderjustice.org

- g. We will need a Letter of Agreement (LOA) within 30 days in order to finalize your event on Dr Covington’s schedule. Note that until we receive the Letter of Agreement, Dr. Covington may release your date(s) to another interested party. Providing your Letter of Agreement is the only way to guarantee your requested date(s). The Letter of Agreement should be on your letterhead and include:
 - i . date and time of Dr. Covington’s presentation(s)
 - ii . brief description of presentation/training topic you wish Dr. Covington to cover
 - iii. agreed upon honorarium fee and travel expenses
 - iv. net 30 payment terms upon being presented the final invoice (issued upon completion of your event)
 - v. cancelation clause (50% of honorarium due if event is canceled 45 days or less prior to event, and 100% of any travel arrangements that have been booked)



As well as any other relevant information you may wish to include.

3. Travel Arrangements

- a. Please provide information on Dr. Covington’s hotel stay:

Hotel Name: _____

Address (including zip code): _____

Phone/Fax Number: _____

- b. Do you plan to make Dr. Covington’s reservation for the hotel? Yes (*see below*) No

If yes:

Confirmation Number of Reservation: _____

Dates: _____

- c. Is the hotel prepaid by you? Yes No (*If no, Dr. Covington will use her credit card and submit a copy of the receipt for reimbursement*)

- d. Should we book Dr. Covington’s own air travel, using our own travel agent (*that is our preference and Dr. Covington books at the lowest coach rate*)? Yes No

If yes, do you need us to make reservations by a certain date? _____

If no, please specify how you would like to arrange air travel booking: _____

- e. What is the recommended airport for Dr. Covington to fly into?

City/State _____ Airport code: _____

International Events: Note we may ask you to provide a "Border Letter" so Dr. Covington may show the letter to customs officials in support of entering the county for business purposes. There may be additional requirements depending upon the country, if you are aware of any please email information to our office.

- f. Please provide the following information regarding transportation for Dr. Covington:

Please indicate how Dr. Covington should transfer to/from the airport and hotel:

Taxi Rental Car Other: _____

Indicate how Dr. Covington should get to/from the hotel and the training site:

Taxi Rental Car Other: _____

If you are having a staff member or employee pick Stephanie up, please provide the following information:

Name of person picking Stephanie up: _____

Cell Number (please do not provide office #): _____

Email address (so we can send schedule once booked): _____

Additional details (description of vehicle, specific place to meet at airport/hotel, etc.): _____

- g. Please send any specific driving instructions if you feel that google maps will provide inaccurate information. You may fax to 858-454-8598 or emailed to Dr. Covington at info@stephaniecovington.com.
- h. Who is primary onsite contact for Dr. Covington to contact the day(s) of the event in case she gets lost or needs to notify someone of last minute changes?

Name: _____

Contact Person's Cell (do not provide office #): _____

4. Confirmation of Honorarium and Reimbursement

- a. The honorarium for this event will be: \$ _____ (payable in US Funds and drawn from US bank)
- b. Travel arrangements (hotel, airfare, taxi's, meals, etc.) will be submitted for reimbursement, except where noted above which are prepaid by you. Do you require original receipts? Yes No
- c. Do you use a per diem rate instead of actual cost amount? Yes (see below) No
 - If yes,*
 - a. What is the per diem rate per day? \$ _____
 - b. What is included in the per diem rate (e.g. meals only)? _____
- d. Provide the full address and contact name where the final invoice should be submitted:

Organization Name: _____

Accounts Payable Contact Name: _____

Address (including zip code): _____

- e. Please add any additional instructions regarding reimbursement, if needed:

5. **Books on Site**

Participants often appreciate the opportunity to purchase materials while at the training. There are several ways to do this. Please select which option(s) you would like us to send additional information on (*check any that you may be interested in, we will confirm prior to proceeding*):

- Books for Sale Through Onsite Bookstore:** You can arrange to have a local bookseller come to the training to sell materials. If you choose to do this, please indicate contact information for the bookstore that you have chosen:

Name & Address (including zip code): _____

Phone: _____ Email Address: _____

- Books for Sale on Site Through Conference Coordinators:** We can arrange to have a selection of books shipped (at our expense) to you to be made available for sale during the event. This would require you to have a staff member or volunteer available to sell the books at a table/booth during the event as Dr. Covington would not be able to do so. As we would pre-pay for the books, any sales made during the event would be payable to Dr. Stephanie Covington. At the end of the event you would provide us with payment for the books sold (ie: checks/cash collected) as well as be responsible for shipping (at your expense) any un-sold books back to our office in La Jolla, CA. You may ship back via any method you prefer, however they must be properly packaged and insured so we receive them in good condition to resell the items at another event. Any damaged (non-sellable condition) or missing books would be billed to you. We would need one month's notice prior to the event in order to ship the books to your specified location prior to the event.
- Book Samples for Viewing:** We will bring (at our expense) a limited selection of Dr. Covington's books for attendees to view as sample copies. This would require you to have a staff member or volunteer available for a limited time at a table/booth during the event (or a table at the front of the training site) as well as the ability to ship (at your expense) the samples back to our office at the end of the event. You may ship back via any method you prefer, however they must be properly packaged and insured so we receive them in good condition to resell the items at another event. Any damaged (non-sellable condition) or missing books would be billed to you. Any attendees interested in the full book selection, pricing and/or ordering information can be found in the brochure.
- Brochures for Distribution on Site:** We can provide book brochures to be made available to attendees. Any attendees interested in the full book selection, pricing and/or ordering information can be found in the brochure.

6. **Additional Information**

Please provide any additional information regarding your event that has not been addressed above.

