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|  | Minnesota Family Support and Recovery Council2024 SESSION COORDINATION FORM |  |

**It is absolutely essential that we have complete and accurate information by June 28, 2024**.

Send this completed form to Sandy Thorne at: sandy.thorne@claycountymn.gov, with a copy to the Session Coordinator.

**SAVE FORM AS: 2024 Session Coordination Form – INSERT SESSION NAME – Date of Completion (with dashes)**

**For example: 2024 Session Coordination Form – Child Support Updates – 06-21-2024**

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| Session Coordinator:       | Phone:       | Email:       |

##### PLEASE BE SURE SPELLING IS CORRECT

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| Session Information:Only one session per form. If you are coordinating more than one session, you must complete a session coordination form for each session for which you are responsible. |
| Title:       |
| Intended Audience: [ ]  General Audience [ ]  Attorneys [ ]  CS Staff [ ]  Supv/Mgrs [ ]  Collection Officers  |
| Type of Session: [ ]  Regular Session [ ]  Plenary or Keynote  | Day: [ ]  Tuesday, October 8 [ ]  Wednesday, October 9 [ ]  Thursday, October 10 [ ]  Friday, October 11  | Time: [ ]  AM [ ]  PMFrom:      To:       |
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| **Please confirm accurate spelling of speaker’s first and last name and title or company if not a member of MFSRC.** |
| Speaker 1 name:      | Speaker 1 title:       | Attending conference? [ ] Y [ ] N |
| Speaker 2 name:      | Speaker 2 title:       | Attending conference? [ ] Y [ ] N |
| Speaker 3 name:      | Speaker 3 title:       | Attending conference? [ ] Y [ ] N |
| Speaker 4 name:      | Speaker 4 title:       | Attending conference? [ ] Y [ ] N |
| Speaker 5 name:      | Speaker 5 title:       | Attending conference? [ ] Y [ ] N |
| Speaker 6 name:      | Speaker 6 title:       | Attending conference? [ ] Y [ ] N |
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| Session Description:Please write a complete and detailed **paragraph**, which will be edited if necessary. This is the information that will appear in the program. Session attendance will be based on how clearly and accurately you describe your session. |
| Enter session description, AND include whether the session is "entry level" or more in-depth. |

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| Room Set Up:All sessions will be set up as a combination of classroom/theatre style or with round tables in the larger rooms. A speaker table, podium, microphone, data projector with HDMI connection, screen and Wi-Fi will be at the head of the room. |
| I will have a PowerPoint presentation [ ]  Yes or [ ]  No |
| Preference for room set-up (not guaranteed): [ ]  Class/theatre or [ ]  Round tables |
|  |
| **Additional room needs:** |
| [ ]  Flip Chart | [ ]  Sound system for music or video | [ ]  Other: Please describe the need |
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| **\*Computers will not be provided. Bring your own laptop with an HDMI port or HDMI adaptor\*** |
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| Speaker Bios:Bios are necessary **only** for **outside** speakers (not a member of MFSRC). Bios may be sent as separate attachments. |
| Speaker 1 bio:      |
| Speaker 2 bio:      |
| Speaker 3 bio:      |
| Speaker 4 bio:      |
| Speaker 5 bio:      |
| Speaker 6 bio:      |