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|  | Minnesota Family Support and Recovery Council 2024 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](mailto: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  PM  From:  To: | |
|  | | | | |
| **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 |
|  | | | | |
| 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 |
|  | | |
| **\*Computers will not be provided. Bring your own laptop with an HDMI port or HDMI adaptor\*** | | |
|  | | |
| 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: | | |