



WORKSHOP LEADER APPLICATION

NAME: _____ PHONE: _____

ZINES PUBLISHED: _____

EMAIL: _____ WEB SITE: _____

SESSION INFORMATION

(copy this page for additional workshop sessions)

SESSION NAME: _____

SESSION TOPIC: _____

Session Type: Workshop Panel Discussion Round Table Group

Session length: 30 min. 60 min. 90 min.

Maximum number of people: _____

SESSION DESCRIPTION (50 - 150 words for the program): _____

Room Type Preference: chairs only chairs w/desktops project tables

Please list supplies you will need and the estimated cost: _____

In exchange for their time and effort, workshop instructors receive a free table at the Symposium.

Please reserve only the space you will need: half table full table

Please complete and return this page by **June 1, 2007** to:

Portland Zine Symposium, Attn: Workshops, P.O. Box 5901, Portland, OR 97228-5901 or
pdxzinesymposium@riseup.net

Many Thanks! We'll contact you with further information by June 15, 2007.