

Coastal Plains RESA
Workshop Verification Form

System:	School:
Date:	Time:
Presenter:	Cell #:
Audience: <input type="checkbox"/> Teachers ♦Grade Level_____	Max #Participants:
<input type="checkbox"/> Administrators <input type="checkbox"/> Paraprofessionals	Actual #Participants:
Title/Topic:	
Location:	Room No.:
System/ School Facilitator:	Cell #:
If other than above, who will be available to assist with setup at this location?	
Arrival time/time needed for setup:	
Equipment needed:	
Materials to be delivered to location:	
Room setup:	