



## Workshop Proposal Form

**4-H Volunteer Leader Association Annual Conference (MVLA)**  
**February 27-28, 2026– MSU**

Workshop Proposal Submission **Due Date: November 7, 2025**

Please email completed form to: [connie.williams@msstate.edu](mailto:connie.williams@msstate.edu)

**Lead Presenter's Name:** \_\_\_\_\_

**Email Address & Phone Number:** \_\_\_\_\_  
\_\_\_\_\_

**Affiliation:**  Extension Staff  4-H Volunteer  Other

**List names and email addresses of other team members:** \_\_\_\_\_  
\_\_\_\_\_

**Workshop Title:** \_\_\_\_\_

**Objectives (3-5 objectives that will be realized by participants attending the workshop).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Abstract:** *No more than 60 words. Brief description of the workshop to be used in the conference workshop descriptions – why would people want to attend your workshop?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Presentation Format:**

Workshops are most effective when participants are actively engaged. *Check all that apply.*

Interactive       Discussion       Small Group/Team Building

**Workshops are set up for 75 minute sessions. Do you need more than one session to complete your workshop?**       Yes       No

**Presentation Details:** *Check all that apply*

Prefer to present in AM session  
 Prefer to present in PM session  
 No Preference  
 I am willing to present twice

**Minimum and Maximum number of participants you can accommodate:**

*Example: 10 minimum to 30 maximum* \_\_\_\_\_

**Please indicate the type of meeting room set up you would like:**

Lecture (chairs, no tables)       Classroom (tables & chairs)  
 Other *please specify:* \_\_\_\_\_

**Please indicate AV Needs: We will do our best to accommodate AV needs.**

Projector       Screen       Internet Connection  
 Other *please specify:* \_\_\_\_\_

**Please indicate if there will be a fee for your workshop and if so please explain.**

**Fee:**       Yes       No

**Explanation:** \_\_\_\_\_

\_\_\_\_\_