

AEA Convention and Professional Development Conference
Duties of Facilitator
November 3-4, 2011

1. Arrive at the location of your workshop at least 15 minutes early. Retrieve the workshop roster of pre-registered participants from the box of materials.
2. Station yourself at the door and have every person coming in put their initials beside their name on the roster. **EVERYONE ATTENDING SHOULD HAVE REGISTERED ONLINE. THOSE WHO HAVE NOT REGISTERED SHOULD WAIT UNTIL ALL REGISTERED PARTICIPANTS ARE SEATED, THEN CAN BE ALLOWED INTO THE WORKSHOP ONLY IF REGISTERED PARTICIPANTS DO NOT SHOW UP.**
3. If they claim to have registered but their name is not on the roster, ask to see their email confirmation. If they don't have it either, call the desk for confirmation.
4. 15 minutes after the workshop is scheduled to start, close the door and post a "Session Closed" sign. Tape and signs will be packed in with the workshop materials.
5. If a person (registered or not) comes in after you have closed the session, note the time they arrived on the roster. Likewise, if a person leaves early also note the time they left. **Late arrivals and persons leaving early may not receive full credit for the workshop. Those leaving after one hour, for example, will receive one hour of credit.**
6. If the presenter desires, introduce them. If not, go along with their wishes.
7. Circulate evaluation forms and workshop materials as needed. Assist the presenter with the workshop in any other way he/she needs.
8. After the workshop is over, collect evaluation forms and bring them, along with the workshop roster, to the workshop coordinator's area or to the information desk.
9. Enough workshop materials will be provided for every person who has registered to have copies.
10. **Remember: We only pay mileage for facilitators. Room and meals are not included.**

**AEA Professional Development Conference
Facilitator Response Sheet**

November 3-4, 2011

Return this form to Brenda Walton

Arkansas Education Association, 1500 West Fourth Street, Little Rock, AR 72201

Fax: 501.375.4620

Name: _____ **Home Phone:** _____

Local Association: _____ **Cell Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email Address: _____

CIRCLE THE DAY, TIME AND LOCATION YOU WILL BE ABLE TO FACILITATE:

Day: **Thursday** _____ **Friday** _____

Times:

9:00-11:00

9:00-12:00

9:00-1:30

9:00-4:00

12:00-2:00

12:30-4:30

1:00-4:00

2:30-4:30

Locations:

DoubleTree _____

Robinson Center _____

Clinton Presidential Library _____

Central High Visitors Center _____

Parkview High School _____

Historic Arkansas Museum _____

Central High School _____

Heifer International _____

Mosaic Templars Cultural Center _____

Central Arkansas Library _____

Arkansas State Capitol _____

COMMENTS OR SPECIAL PREFERENCES: _____
