

# Goebel Adult Community Center Seminar/Workshop/Presentation Proposal Form

(Please fill out ALL information)

Today's Date: \_\_\_\_\_

Seminar/Workshop Title: \_\_\_\_\_ Content/Topic: \_\_\_\_\_

Name: _____	Business/Organization: _____
Address: _____	Name of Person Presenting: _____
City: _____ Zip: _____	Address: _____
Phone: _____	City: _____ Zip: _____
Email: _____	Phone: _____
Website: _____	Website: _____

Thank you for your interest in providing a seminar/workshop at the Goebel Adult Community Center (GACC). Our goal is to offer a wide variety of quality programs to the older adult and senior populations. **We receive a large number of requests and while we do our best to work with outside providers, not all requests can be accommodated. PLEASE NOTE: The GACC does not provide seminars/workshops/presentations on reverse mortgages/health insurance/Medicare.** We partner with local non-profits and governmental agencies who provide this information. Additionally, we are a governmental agency and cannot show endorsement or favoritism to any particular business, service, or individual. We are responsible to the community as a whole to provide non-biased information.

***If approved to present at the Goebel Adult Community Center, you agree to the following :***

- Assistance with A/V equipment is not provided. Presenters must be fully self-sufficient and come prepared with their own materials and equipment.
- All outside advertising must be approved by GACC Admin Assistant or Supervisor prior to distribution, and must state **"not affiliated with the Goebel Adult Center or Conejo Recreation & Park District."**
- Collecting patron/attendee's personal information is prohibited.
- Seminars/Workshops/Presentations are to be given in an instructional, informative teaching style.
- Admin Assistant or Supervisor will contact you regarding your proposal (please allow up to 4 weeks).
- Seminars/Workshops/Presentations may require \$100 presenter fee to cover advertising, setup, breakdown, and facility costs.
  - Non-Profit Organizations may qualify for a fee waiver, upon Supervisors approval.

## ***Program Information:***

Preferred Day & Time: \_\_\_\_\_

Program Length: \_\_\_\_\_ Set-up Time: \_\_\_\_\_ Break-Down Time: \_\_\_\_\_

Brief Program Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please attach the following:***

1. Two references of facilities where you have conducted a workshop/seminar/presentation in the past.
2. Syllabus/handout/flyer/any pertinent information relating to your proposed workshop/seminar/presentation.

*OFFICE USE ONLY:*

**Date Received:** \_\_\_\_\_

**Final Determination:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Completion:** \_\_\_\_\_

**Staff:** \_\_\_\_\_



**Goebel Adult Community Center**  
**1385 E. Janss Road, Thousand Oaks, CA 91362**  
**805-381-2744, [evines@crpd.org](mailto:evines@crpd.org)**