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## Suggested Workshop Topic

As a PEF-represented or M/C employee, your input on workshop topics is important to PSWP. Please use this form to tell us about individual topics that interest you.

**NOTE:** You can also submit this form online at <http://www.pswp.info/suggestTopic.cfm>.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Facility: \_\_\_\_\_

Street: \_\_\_\_\_

City/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Describe this topic: \_\_\_\_\_

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

Describe the relevance of this topic to your job, career, and/or profession, including whether it meets CEU requirements: \_\_\_\_\_

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

Describe the relevance of this topic to your agency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location for delivery (*City and/or County*): \_\_\_\_\_  
\_\_\_\_\_

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Thank you for your input. Please provide a copy of your request to your Agency's PSWP Liaison. You can find the name of your Agency's PSWP Liaison at <http://www.pswp.info/Liaisons.cfm> . We will follow-up with you and your Agency's PSWP Liaison to determine how best to meet your professional development needs.

**Please mail this form to:** Professional Development Program  
Rockefeller College, University at Albany  
4 Tower Place, 4<sup>th</sup> Floor  
Albany, NY 12203

**or fax to:** (518) 442-6647

**You can also contact us at:** (518) 442-6537

**E-mail:** [PSWPHelp@albany.edu](mailto:PSWPHelp@albany.edu)