

**2011 Serenity on the Sound SAA/COSA Retreat  
Workshop Proposal Form  
“Action in Recovery”**

*This retreat is put on by and for the participants. Please consider proposing or leading a workshop.*

\*Your first name and last initial: \_\_\_\_\_

\*Home Group: \_\_\_\_\_ \*Program (SAA/COSA/Other): \_\_\_\_\_

\*Phone(s): \_\_\_\_\_ OK to leave message? \_\_\_\_\_

\*Email address: \_\_\_\_\_  
(To keep costs down & to increase efficiency, our preference is to use email whenever possible)

*\*All information on this form is considered confidential and will be used only by the program committee.*

Proposed title of workshop or panel: \_\_\_\_\_

Please describe your subject and how the workshop will benefit the participants' recovery.  
Examples: “Action in Recovery” (2011 theme), 12 Steps, tools of the program, Sponsorship.

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

<b>Preferred length:</b> <input type="checkbox"/> 1hr <input type="checkbox"/> 1½hr <input type="checkbox"/> 2hr	<b>Preferred date &amp; time:</b> <input type="checkbox"/> Friday morning <input type="checkbox"/> Saturday morning <input type="checkbox"/> Friday afternoon <input type="checkbox"/> Saturday afternoon
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Provide a description of your workshop, as you would like it to appear in the program:

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

Would you prefer your workshop / panel is:

- Closed (SAA or COSA members only, please indicate which program) \_\_\_\_\_
- Open (for all attendees of the retreat)
- Specific group (gender, orientation, newcomer focus, etc.) define:

Please mail your completed proposal before July 25<sup>th</sup>, 2011 (the earlier the better)

Puget Sound Retreat Committee  
PO Box 2712  
ISSAQUAH, WA 98027

We will confirm receipt of your proposal by email (preferably) or by phone. We may also contact you for questions regarding your proposal

For questions/suggestions contact: Shannon T or Sara M @ serenity.on.the.sound@gmail.com