

**Coalition for Women Prisoners'**  
**15<sup>th</sup> Annual Advocacy Day Workshop Form**

**PLEASE FAX THIS FORM BACK TO 212-473-2807**

Thank you for your interest in having an Advocacy Day Workshop. Ideally, we would like **1 1/2 hour** for this workshop, but we can do it in less time if necessary.

Contact Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Directions by subway \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

What is the best **date** for a workshop? \_\_\_\_\_

What is the best **time** to come? \_\_\_\_\_

**Can** we have the full time slot? \_\_\_\_\_

How **many** people will be in attendance? \_\_\_\_\_

Will we be able to show a **DVD/VHS (circle one)**? \_\_\_\_\_

Any other special requirements? \_\_\_\_\_

Please contact Stacey with any questions at:  
212-254-5700 x333 or [sthompson@correctionalassociation.org](mailto:sthompson@correctionalassociation.org)

Thank you for your time and interest!

**Stacey Thompson**  
**Community Outreach Coordinator**  
**Women in Prison Project**  
**Correctional Association of New York**