



Cambridge Women's Center

25 Mount Auburn Street, Cambridge, MA 02138
www.cambridgewomenscenter.org

Group/Workshop Description Form

Name of Group/Workshop:

Group/Workshop Objectives (What will be the benefit to women attending the program?)

Description & structure of the group (time/date, agenda/curriculum, past topics/activities):

A short blurb/description to go in our monthly calendar:

[less than 25 words in addition to group name meeting time(s), dates, and contact info. Please make it as brief and clear as you can. We have to fit a lot into the one-page calendar flyer.

Your name/contact info to be used to publicize the group:

Your phone number (will not be seen by the public, but may be used to contact you):

Brief Biography/Self Intro, including experience relevant to the proposed group

Additional Comments/Information (guidelines/best practices, registration process, recommended reading...etc):

Please return to: dosa@cambridgewomenscenter.org