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| **WORKSHOP TITLE** | | | |
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| **WORKSHOP DESCRIPTION** | | | |
| *Describe the workshop indicating the topic’s relevance to the Society for Pediatric Pain Medicine and its members. Please specify how this workshop will be applicable to attendee’s professional development, clinical, educational, and/or research areas of interest.* | | | |
| **WORKSHOP OBJECTIVES** | | | |
| *Please list minimum of 3 learning objectives that will be met by participants upon completion of the workshop.* | | | |
| **WORKSHOP COORDINATOR(s)** | | | |
| *Name* | *Title* | *Institution* | *Email address* |
| *Name* | *Title* | *Institution* | *Email address* |
| *Name* | *Title* | *Institution* | *Email address* |
| **WORKSHOP FACULTY** | | | |
| *Name* | *Title* | *Institution* | *Email address* |
| *Name* | *Title* | *Institution* | *Email address* |
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| *Name* | *Title* | *Institution* | *Email address* |
| **PROPOSED DURATION** | | **PROPOSED NUMBER OF PARTICIPANTS** | |
|  | |  | |
| **PROPOSED WORKSHOP AGENDA** | | | |
| *Please provide a* ***DETAILED*** *agenda* ***DESCRIBING*** *how the above learning objectives will be met and in what time frame (i.e. lecture, small group facilitation, hand-on demonstration, think-pair-share, etc.).* ***Since this is a workshop, the emphasis should be on multiple interactive sessions with a minimal (if any) number and duration of lecture and/or power point presentations by workshop faculty. Please describe each interactive session planned for the workshop.*** | | | |
| **HAS THIS WORKSHOP BEEN HELD AT A PRIOR MEETING?** | | | |
| *Please list the name, location, and date of the meeting where this workshop was previously held.* | | | |
| **EQUIPMENT AND RESOURCE NEEDS** | | | |
| *Please indicate any expected equipment, AV needs, and/or room specifics that will be required for the workshop.* | | | |