TRS Event Host Outreach Worksheet

Teachers Retirement System of Georgia

Please read this entire worksheet and fully complete each section of this document. Please save it and attach it in an **e-mail to trsevents@trsga.com**.

When saving it, **please rename this worksheet** as: OutreachWorksheet_YourSystem_StartingDate.ofyour. Event(s). (i.e.: OutreachWorksheet_JonesCounty_2.12.11.)

A. WORKSHOP INFORMATION

Workshops are usually held on Tuesdays, in combination with pre-retirement counseling, but can be scheduled on other days depending on your/our availability. You may schedule 2 workshops simultaneously if you wish to reach multiple audiences (e.g. Pre-Retirement at 4pm and New Hire at 4pm). Workshops are approximately 1 hour in length. Please complete the following information…click in the blue box and type.

Host Information *for internal use only*	
Host Contact Name	
Phone Number	
E-mail	
Please encourage all of your employees to register online so we have the appropriate number of handouts available.	

Workshop #1	
Name of Venue *(e.g. Fulton County BOE)*	
Bldg/Room *(e.g. Conference Room, Bldg A, etc.)*	
Seating Capacity of Venue *(e.g. 100)*	
Address	
City	Zip
County	
Workshop Type	☐ Pre-Retirement ☐ Mid-Career ☐ New Hire
Event Date *(e.g. 3/14/2011)*	
Start Time *(e.g. 4:30 PM)*	
Go Active Date *(date and time employees can register online)*	

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Workshop #2

Name of Venue *(e.g. Fulton County BOE)*	
Bldg/Room *(e.g. Conference Room, Bldg A, etc.)*	
Seating Capacity of Venue *(e.g. 100)*	
Address	
City	Zip
County	
Workshop Type	☐ Pre-Retirement ☐ Mid-Career ☐ New Hire
Event Date *(e.g. 3/14/2011)*	
Start Time *(e.g. 4:30 PM)*	
Go Active Date *(date and time employees can register online)*	

Workshop #3

Name of Venue *(e.g. Fulton County BOE)*	
Bldg/Room *(e.g. Conference Room, Bldg A, etc.)*	
Seating Capacity of Venue *(e.g. 100)*	
Address	
City	Zip
County	
Workshop Type	☐ Pre-Retirement ☐ Mid-Career ☐ New Hire
Event Date *(e.g. 3/14/2011)*	
Start Time *(e.g. 4:30 PM)*	
Go Active Date *(date and time employees can register online)*	

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B. COUNSELING SESSION INFORMATION

Please complete the following information. Counseling is usually scheduled on a Wednesday, with the first appointment at 8am and the last appointment at 4pm; and Thursday, with the first appointment at 8am and the last appointment at 12pm. Sessions last up to 50 minutes and begin on the hour. If you wish to alter the days/times, please speak with one of our Team Leads.

Retirement Planner #1

Name of Venue *(e.g. Fulton County BOE)*	
Bldg/Room *(e.g. Conference Room, Bldg A, etc.)*	
Address	
City	Zip
County	

Day One		
Date *(e.g. 3/15/2011)*	Start Time - End Time *(e.g. 8 AM - 5 PM)*	
Day Two		
Date *(e.g. 3/15/2011)*	Start Time - End Time *(e.g. 8 AM - 5 PM)*	
Day Three		
Date *(e.g. 3/15/2011)*	Start Time - End Time *(e.g. 8 AM - 5 PM)*	

Retirement Planner #2

Name of Venue *(e.g. Fulton County BOE)*	
Bldg/Room *(e.g. Conference Room, Bldg A, etc.)*	
Address	
City	Zip
County	

Day One		
Date *(e.g. 3/15/2011)*	Start Time - End Time *(e.g. 8 AM - 5 PM)*	
Day Two		
Date *(e.g. 3/15/2011)*	Start Time - End Time *(e.g. 8 AM - 5 PM)*	
Day Three		
Date *(e.g. 3/15/2011)*	Start Time - End Time *(e.g. 8 AM - 5 PM)*	

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Retirement Planner #3

Name of Venue *(e.g. Fulton County BOE)*	
Bldg/Room *(e.g. Conference Room, Bldg A, etc.)*	
Address	

City		Zip	
County			

Day One

Date *(e.g. 3/15/2011)*		Start Time - End Time *(e.g. 8 AM - 5 PM)*	

Day Two

Date *(e.g. 3/15/2011)*		Start Time - End Time *(e.g. 8 AM - 5 PM)*	

Day Three

Date *(e.g. 3/15/2011)*		Start Time - End Time *(e.g. 8 AM - 5 PM)*	

Retirement Planner #4

Name of Venue *(e.g. Fulton County BOE)*	
Bldg/Room *(e.g. Conference Room, Bldg A, etc.)*	
Address	

City		Zip	
County			

Day One

Date *(e.g. 3/15/2011)*		Start Time - End Time *(e.g. 8 AM - 5 PM)*	

Day Two

Date *(e.g. 3/15/2011)*		Start Time - End Time *(e.g. 8 AM - 5 PM)*	

Day Three

Date *(e.g. 3/15/2011)*		Start Time - End Time *(e.g. 8 AM - 5 PM)*	

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C. TECHNICAL/OTHER INFORMATION

Media Contact and Projection Screen

A projection screen is needed for each Workshop location. We provide the projector and laptop with our presentation. If you have a setup/computer that is available for us to use, please be sure to have your AV person available before the event. Internet access is not needed for this event. Please provide us with a media specialist contact.

Contact Information			
Media Contact Name		Phone Number	
E-mail		Projection Screen Provided	☐ Yes ☐ No

Technical Assistance

It is important that we have the ability to conduct a valuable and efficient session with your employees. In order to accomplish this, we ask that you please complete/answer the technical information below and coordinate with your IT staff to ensure we have everything we need to conduct our sessions. We must have Ethernet access so we can log in to our system.

Contact Information			
IT Contact Name		Phone Number	
E-mail			
Does each counseling location have an Ethernet Connection?	☐ Yes ☐ No	If **YES**, is it a wireless connection?	☐ Yes ☐ No
Have you advised your IT staff to open **outbound port 443** for access to **https:// citrix.trsga.org**?	☐ Yes ☐ No		
Do you Plan on Using a wireless LAN for counseling?	☐ Yes ☐ No	If so, is the channel open or secured?	☐ Open ☐ Secured ☐ Open and Secured
- If secured, ***your IT staff must be available before counseling sessions begin*** to set the key on our laptops so we can have access. Counseling typically begins at 8:00 am.			

Access to Your Facility

For early morning counseling sessions someone must be available to provide building access at 7:30 am.

Contact Information			
Will someone be available at 7:30 am	☐ Yes ☐ No		
Contact Name		Phone Number	
E-mail			

Thank you for taking the time to complete this worksheet. We look forward to your event!