

FOR IMMEDIATE RELEASE

Contact: _____
Phone: _____
Fax: _____

HEADLINE: (Your Organization) Offers Workshop for Parents – (Workshop Title)

(Your organization) is offering a **free** workshop entitled “(Workshop Title).” The workshops are designed to provide parents/caregivers and community members with (workshop description)_____

The workshop will be held on (workshop date) at (workshop time) at (workshop location), which is located at _____ in _____. The workshop will be presented by (workshop presenter) of the Statewide Parent Advocacy Network. SPAN is the state’s leading parent advocacy agency whose mission is to empower families and inform and involve professionals and other individuals interested in the healthy development and educational rights of children.

(Include a one-sentence description of your organization). Child care and translation will be available. To register for the workshop, call _____. For more information on the programs and services offered by SPAN visit SPAN’s website at www.spannj.org.

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