|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Schulnummer |  | Schulname |  | | **Dauer des Workshops 90 Minuten** |
| Name Referent | | Titel des Workshops | | Kurzbeschreibung des Inhaltes | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |