

Workshop Proposal Application

For internal use only

ASAH...serving the private special education community since 1974

34th Annual Conference - Friday, November 12th, 2010

"The Future Begins Today"

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PLEASE TYPE OR PRINT

Presenter: _____

Position: _____

Work/School
Name: _____

Address: _____

Home
Address: _____

(Where you can be reached during the Summer of 2010) e-mail address:

Home tel: _____ Business tel: _____
Fax: _____

Workshop

Title: _____

Method of presentation? Lecture? Hands-on?

Panel? _____

Has this presentation been made elsewhere? Yes _____ No _____

Where? _____

References: _____

FOR WHAT DISABILITY AND AGE GROUP IS YOUR WORKSHOP APPROPRIATE? _____

Level of presentation? Introductory _____ Advanced _____ General _____

WHO IS YOUR INTENDED AUDIENCE?

Administration _____ Teachers _____ Clinicians _____

Aides _____ Parents/families _____ Other _____

Please indicate below presentation material/equipment you will be using. ASAH WILL ONLY PROVIDE OVERHEAD PROJECTOR, SCREEN, AND FLIP CHART IN EACH ROOM, IF NEEDED. Presenters must supply their own audio-visual equipment (LCD Projector, LAPTOP, DVD player, CD player, VCR, slide projector, etc.).

TOTAL NUMBER of PRESENTERS are LIMITED to A MAXIMUM of THREE PER WORKSHOP. Should you have more than three, please call Susan for special "food only" conference rate.

MAXIMUM NUMBER OF PARTICIPANTS DESIRED? _____

****ATTACH A SUMMARY OF PRESENTATION AND SHORT BIO FOR EACH PRESENTER****

Please return by June 18th, 2010

ASAH

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Lexington Square

Hamilton Square, NJ 08690

Attn: Susan Recce

Phone: (609) 890-1400 Fax: (609)890-8860 e-mail: susanr@asah.org

Professional Continuing Education Units/Hours to be provided.