Workshop Proposal Application

For internal use only

9

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

40th Annual Conference - Friday, October 27th, 2017

"Bright Tomorrow for Today's Students"

PLEASE TYPE OR PRINT

Presenter:_____

Position:_____

Work/School Name:_____

Address:_____

Home Address:_____

(*Where you can be reached during the summer of 2017*) **e-mail address:** _____

Cell phone:_____ Business phone:_____ 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. SHOULD YOU REQUIRE A SCREEN AND/ OR FLIP CHART, ASAH WILL SUPPLY THESE ITEMS COMPLIMENTARY**, In order to keep costs low, we ask presenters to please, if possible, supply their own audio-visual equipment (LCD Projector, LAPTOP, etc.).**

PLEASE NOTE BELOW WHAT YOU WILL BRING: **WHAT YOU NEED ASAH TO SUPPLY:**

_____ _____

TOTAL NUMBER of PRESENTERS are LIMITED to A MAXIMUM of THREE PER WORKSHOP.
There will be a $60 charge per person over the maximum (to cover food, parking, materials)

MAXIMUM NUMBER OF PARTICIPANTS DESIRED_____

******ATTACH A SUMMARY OF PRESENTATION AND SHORT BIO FOR EACH PRESENTER******
(TO BE INCLUDED IN CONFERENCE REGISTRATION BROCHURE)

Please return by June 9th, 2017

Email: susanr@asah.org
Address: ASAH, 2125 Route 33. Hamilton Square, NJ 08690
Attn: Susan Recce
Phone: (609) 890-1400 Fax: (609)890-8860

Professional Continuing Education Units/Hours to be provided.