

2009 VAACE CONFERENCE



Hotel Roanoke & Conference Center
October 5-6, 2009

CONFERENCE SESSION PROPOSAL FORM

Name _____

Position/Title _____

Address _____

Phone Number _____ (day) _____ (evening)

Email Address _____

Co-Presenter Name and title _____

Co-Presenter Phone _____ (day) _____ (evening)

Presentation Title _____

Purpose Statement _____

Presentation Length 50 Minutes 90 Minutes (choose one)

Presenters are asked to supply their own equipment.

(Over Please)

Session Description: In *75 words or less*, provide a description of your session as you would like for it to appear in the conference program:

Learning Outcomes: List the three most important things participants will learn in this session?

- 1.
- 2.
- 3.

Program Format:

- Panel presentation with question and answer period following presentation.
- Classroom presentation with tables for note taking, completing projects, etc.
- Interactive, hands-on presentation.
- Other: (Please be specific): _____

By signing (or inserting your name) below, you acknowledge that you (the presenter) are responsible for providing materials/handouts for your presentation. You also agree to relay conference-related communications to any co-presenters. All presenters are responsible to arrange for their own transportation, lodging, and conference registration fees.

Presenter

Return Completed Forms to:

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