

## **REQUEST FOR SESSION PROPOSAL**

**Please submit the completed form(s) by Friday, September 21, 2018**

*Please Type or Print*

**Presenter/Main Contact Name:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

Co-Presenter(s) Name & Email: \_\_\_\_\_

*NOTE: Non-Staff presenters are limited to 2 per session with regard to reimbursement of expenses. In addition, Guidelines for Reimbursement of Conference-Related Expenses for Non-Staff Presenters is attached.*

**Session Title:** \_\_\_\_\_

**Length of Session** (*Select One*):    ☐ 1.5 hours    ☐ 3 hours    ☐ Other (*in 1.5 hour increments*) \_\_\_\_\_

**Session Content Category** (*select more than one if needed*):

|   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Bargaining     | <input type="checkbox"/> Higher Education       | <input type="checkbox"/> Member Retention | <input type="checkbox"/> Professional Development    | <input type="checkbox"/> Social Justice |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Legal                  | <input type="checkbox"/> MESSA            | <input type="checkbox"/> Professional Issues         | <input type="checkbox"/> Technology     |
| <input type="checkbox"/> Finance        | <input type="checkbox"/> MEA Financial Services | <input type="checkbox"/> Political        | <input type="checkbox"/> Protecting Public Education |   |
| <input type="checkbox"/> Governance     | <input type="checkbox"/> Member Engagement      | <input type="checkbox"/> Privatization    | <input type="checkbox"/> School Reform               |   |

Other \_\_\_\_\_

**Session Description** (*Please provide a brief description of the contents of the session in 50 words or less.*):

**Designated Audience:**    Teachers Only    ESP Members Only    Higher Education Members Only

All Education Employees (not limited to one particular group)

**Presenter Availability:**    Available Any Time Thursday or Friday    Can NOT present at/on \_\_\_\_\_

**Room Setup Preference** (*subject to availability*)    Round Tables    Classroom    Theatre    No Preference

**AV Needs** (*subject to availability*):

Please Provide an LCD Projector and Screen

*NOTE: Presenters must provide own laptop.*

Flip Chart Paper & Markers

If more than 1, how many? \_\_\_\_\_

**Session Size:** (*please mark the MAXIMUM number of people you want in your session*) \_\_\_\_\_

**Internet Access:** Wireless Internet will be available for all sessions.

**PLEASE SUBMIT THE COMPLETED FORM(S) BY Friday, September 21, 2018.**

Submit the completed form(s) electronically to [Ccortright@mea.org](mailto:Ccortright@mea.org) or by Fax at 517/336-4009.

If you have questions, please call Carolyn Cortright at 517/337-5491 or 1-800-292-1934.

