

# PROPOSAL to PRESENT

**Deadline: January 15, 2009**



Proposals must be submitted by January 15, 2009. Questions may be directed to 414.390-2187 or [nahec@nahec.org](mailto:nahec@nahec.org).

## I) CONTACT INFORMATION

Please list *all relevant contacts* for this proposal, including presenters. If necessary, please attach an additional sheet. **Note, the main contact is the person to whom all communication will be sent.**

### A. MAIN CONTACT

Presenter (please check if the main contact is also a presenter)

First Name	Last Name	Credentials
Title	Institution	
Address		
Street		
City	State	Zip
Phone	Fax	
Email		

### B. CONTACT 2

First Name	Last Name	Credentials
Title	Institution	
Address		
Street		
City	State	Zip
Phone	Fax	
Email		

### C. CONTACT 3

First Name	Last Name	Credentials
Title	Institution	
Address		
Street		
City	State	Zip
Phone	Fax	
Email		

## II) PRESENTATION INFORMATION

- A. SESSION TITLE** Please list how you would like to see it appear in print. (15 word max.)
- B. SHORT DESCRIPTION:** Please provide a short promotional description as you would like to see it appear in print in the Conference Book. (50 word maximum)
- C. DETAILED DESCRIPTION** Please provide a more detailed session description to help the committee in the presentation assessment process. This description must include 1-3 learning objectives. (250 word maximum)
- D. KEY ISSUES:** What are the key issues addressed by your session, and why are they important?

**E. TRACK**

*Please check all that apply.*

- Teaching Skills
- Program Development, Implementation & Evaluation
- Outreach programming
- Research to Programs
- Advocacy / Legislative Acumen
- Administration

**F. FORMAT**

*Please identify the format style in which you wish to present.*

- Presentation
- Commercial/ Promotional Session\*
- Round Table Discussion
- Poster Session

*\*Please see [Promotional Opportunities](#).*

**G. TIME ALLOTMENT**

*Please identify the time allotment you feel is necessary for your presentation.*

- Single Session (55 minutes)
- Double Session (105 minutes)

**H. PRE-CONFERENCE WORKSHOP**

- Please check if you would like the Conference Committee to consider this proposal for a pre-conference workshop.

**III) AUTHORIZATION**

*By completing and submitting this form, I confirm that this information is correct to the best of my knowledge. I fully understand my responsibilities if this proposal should be accepted and agree to all terms.*

Signature  
Date

You may submit the form electronically by pressing EMAIL. You may also submit by mail to: *Engage. Challenge. Inspire. 2009* Conference Coordinator, 1533 N RiverCenter Drive, Milwaukee, WI 53212 or by fax to: (414) 390-2199.