

**Summer Leadership Institute
Marriott Griffin Gate Resort, Lexington**

**Kentucky School Boards Association
Workshop Proposal Form
July 8th – 9th, 2011**



KSBA has a limited number of spaces available for workshops on **Saturday, July 9th, 2011**. Each workshop is 75-minutes in length. If you have any questions about the Institute or submitting a proposal, please contact Kerri Schelling at kerri.schelling@ksba.org or at 800-372-2962 ext. 1276.

Type or clearly print all information. To submit a proposal for consideration, please complete all the information below and return by mail (260 Democrat Drive, Frankfort, KY 40601) or fax (502-783-1456). All submissions must be received by May 13th, 2011.

1. Session Title: _____

2. Session Abstract (limit of 60 words): Please **proofread** your abstract. This will appear as written in the conference program. **It should be written in such a way to attract participants to your session with a realistic preview of what they will learn.** KSBA reserves the right to edit descriptions.

3. Primary Target Audience/Focus:

New School Board Members Experienced School Board Members
 Superintendents Other (please specify) _____
 High School Middle Elementary Preschool

Please be mindful that all equipment is a rental expense for the conference. As we try to keep participant registration fees low, please request only what is going to be used. Note that we cannot provide computers for PowerPoint presentations. Requests made on the day of the conference will not be honored.

4. Audiovisual Needs: LCD projector **Screen** **Other (specify)** _____

5. Name(s) of Presenters: (If more than one individual is presenting during this session, an organizer/lead presenter must be selected to serve as a contact person for KSBA and will be responsible for communicating with other presenters.) All presenters must be named by May 13th, 2011 to be included in printed materials.

Organizer/Lead presenter:

(Dr., Mrs., Ms. Miss, Mr.) _____
Job Title: _____ Organization/Agency: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____

Presenter #2:

(Dr., Mrs., Ms. Miss, Mr.) _____
Job Title: _____ Organization/Agency: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____

Signature of Lead Presenter _____ Date _____