

**All presentation proposals must be submitted on this form.
Please DO NOT send supplementary materials. TYPE OR PRINT**

Name(s) _____ Title(s) _____

School/Organization _____ School Division _____

School/Organization Address _____

City _____ State _____ Zip _____

Telephone No. _____ E-mail Address _____

Session Title _____

Session Description (50-75 words) _____

What are your goals and objectives? What do you feel the audience will gain from your session?

This presentation is submitted in the following strand(s): (Check the most appropriate.)

Strand	Elementary	Middle	High	All Levels
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Idea Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-Student Services and Programs (e.g., school safety, student activities, and co-curricular activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal, (e.g., stress management, time management, health and fitness awareness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>