



Seminar Proposal Form

DESIRED DATE: _____

DESIRED TIME: _____

COMMITTEE: _____

SESSION TITLE: (10 words max) _____

DESCRIPTIVE BLURB: (50 words max) _____

Continue on back of this sheet if needed.

MODERATOR: _____
(Name) (Title)

(School District/Company) (City/State)

(Email) (Phone Number)

PRESENTER 1: _____
(Name) (Title)

(School District/Company) (City/State)

(Email) (Phone Number)

PRESENTER 2: _____
(Name) (Title)

(School District/Company) (City/State)

(Email) (Phone Number)

PRESENTER 3: _____
(Name) (Title)

(School District/Company) (City/State)

(Email) (Phone Number)

- 1) List additional presenters on back of this sheet.
- 2) HANDOUTS: Presenters are responsible for copying and costs.
- 3) AV: LCD Projector, screen, computer, and microphone will be available.

COMPLETE & RETURN TO:

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Oonagh Barrow obarrow@iasbo.org