

**Kentucky School Boards Association**  
**Winter Symposium Proposal Form**



**Marriott Louisville East**  
**November 30<sup>th</sup> – December 1<sup>st</sup>, 2018**

KSBA has a limited number of spaces available for workshops on topics appropriate to the governance roles and responsibilities of public school board teams. Each workshop is 75-minutes in length. If you have any questions about the Symposium or submitting a proposal, please contact Laura Cole at [laura.cole@ksba.org](mailto:laura.cole@ksba.org) at 800-372-2962 ext. 1122.

*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 (502-783-2704). **All submissions must be received by September 28, 2018.**

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. Preferred Date of Session:  
\_\_\_\_\_ Friday, November 30<sup>th</sup>      \_\_\_\_\_ Saturday, December 1<sup>st</sup>      \_\_\_\_\_ Available either day

4. Audiovisual Needs: LCD projector \_\_\_\_\_ Screen \_\_\_\_\_ Other (specify) \_\_\_\_\_  
Equipment must be requested in advance. Please note that Internet drops, laptop computers, audio equipment/sound patches and remotes are NOT available through the conference. Presenters must bring their own or make direct arrangements for ordering and payment with the hotel.

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 **October 29, 2018** to be included in printed materials.

**Organizer/Lead presenter:** (conference fee waived)  
(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 \_\_\_\_\_