**Summer Leadership Institute**



**Marriott Griffin Gate, Lexington**

**Kentucky School Boards Association**

**Workshop Proposal Form**

**July 11th – 12th, 2014**

KSBA has a limited number of spaces available for workshops on **Saturday, July 12th, 2014.** 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 9th, 2014.**

**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/Administrators

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 23, 2014 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