**Summer Leadership Institute**



**Marriott Griffin Gate, Lexington**

**Kentucky School Boards Association**

**Workshop Proposal Form**

**July 13th – 14th, 2018**

KSBA has a limited number of spaces available for workshops on **Saturday, July 14th, 2018.** Each workshop is 75-minutes in length. If you have any questions about the Institute or submitting a proposal, please contact Laura Cole at laura.cole@ksba.org or 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 May 4, 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 titles and descriptions for clarity but will not alter the content.

**3. Primary Target Audience/Focus:**

  New School Board Members  Experienced School Board Members

  School Board Teams (board and superintendent/district level administrators)

Upon request, and LCD projector and screen package will be provided in the workshop room at no cost to the presenters. 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.

**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 29, 2017 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