# PLEASE DUPLICATE & DISTRIBUTE TO: PRINCIPALS, ASSISTANT PRINCIPALS, SUPERVISORS &

#  CENTRAL OFFICE ADMINISTRATORS

## G:\Conference\2018 Conference\Logo\simple conf logo with text and person in text with arms.jpg

## CALL FOR PRESENTERS

**Breakout sessions approx. 75-90 minutes in length and must be on at least one the following strands:**

*(Please check the one at applies)*

 **Strategic/Cultural Leadership**

 **Systems Leadership**

 **Leadership for Learning**

 **Professional and Community Leadership**

**Print or Type:** ­­­­­­­­­­­­­­­­­­­­­

*PLEASE NOTE: All information must be completed to be considered.*

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 **(Title of Presentation)**

List Presenters – **primary person first** *(person to be contacted by the committee – will keep other*

*presenters informed of acceptance and other details)*: (Dr., Mr., Mrs., Ms., title, School District/Organization)

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**NAME OF PRIMARY CONTACT** **TITLE** **CELL PHONE #**

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**NAME OF SCHOOL DISTRICT/ORGANIZATION** **FULL ADDRESS**

**E-mail Address** *\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Primary Contact**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe your presentation in 1 or 2 paragraphs.**

**Describe how your workshop is related to one of the 4 strands. (Strategic/Cultural Leadership, Systems Leadership, Leadership for Learning or Professional and Community Leadership)**

**Please list two or three of your workshop’s goals or objectives.**

**What is your target audience? Check all that apply.**

Elementary \_\_\_\_\_ Middle Level \_\_\_\_\_\_ High School \_\_\_\_\_Central Office \_\_\_\_\_ New Administrators \_\_\_\_\_

**Workshop Format (lecture, hands-on, etc.):**

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**NOTE: Speakers must provide their own laptop, projector and cables**.

* If selected, will you provide us with an electronic copy of a handout to be distributed to participants?

 \_\_\_\_\_ Yes \_\_\_\_\_ No

* If selected, do you give your permission to have the session taped for streaming? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Once all submissions are reviewed, the program committee will select those programs that most appropriately meet the needs of school administrators.**

**\*\*SUBMISSIONS WILL NOT BE ACCEPTED FROM COMPANIES/ VENDORS\*\***

Submit completed form to: Stephanie Kinner - Program Committee, PA Principals Association,

 122 Valley Road, P.O. Box 39, Summerdale, PA 17093

 E-mail – kinner@paprincipals.org

 Fax (717) 732-4890 Phone (717) 732-4999

**DEADLINE FOR RECEIPT OF PROPOSALS – Friday, April 20, 2018.**