**MAEA Fall Conference Proposal Form**

Print or type the following information and send completed form to msarted@gmail.com by August 1.

**Name:** First and Last Name of Presenter/s. **NAEA Member #:**

**Job Title:** What do you do?.

**School/Business/Organization:** Organization Name and Mailing Address.

**Phone:** (Your personal #) **(****)****-**

**Address:** Personal Mailing Address.

**Address2:** PO Box or Apartment #.

**City:** Click here to enter city. **State:****Zip**

**Email:** Click here to enter email.

**The Best way to contact me is:** **☐Phone** **☐Mail** **☐Email** **☐Text**

**List your degrees and the institutions attended.**

**Title of Presentation**: Click here to enter your title .

**Description (2 - 3 sentences as it should appear in the program)**

|  |
| --- |
| Keep description no more than 250 characters. |

 **Please check type of workshop**

 ☐ **Hands-on workshop  OR** **☐ Lecture (Max. number of participants** **)**

 **Please check time required for workshop:**  **☐ 1 Hour** **☐ 2 Hours**

· **Will you be able to repeat this presentation during the conference?** **☐ Yes ☐ No**

· **Will you need a data projector? ☐ Yes ☐ No**

**- Will you need a laptop for your presentation? ☐ Yes ☐ No**

**Which of the following National Arts Standards apply to your lesson**

**☐ Create** **☐ Present ☐ Respond ☐ Connect http://www.nationalartsstandards.org/**

**Please check the appropriate box:**

**☐ I will require NO reimbursement for materials**

**☐ I need MAEA to provide the following supplies for my presentation:**

**☐I will purchase my own supplies and need a reimbursement of** **(not to exceed $10 per**

 **participant for materials only - *receipts required*).**

Please list any additional concerns or special requests for presentation.

Send this form to **Randy Miley**

**Mississippi College**

 **Box 4020 or email to** **msarted@gmail.com**

 **Clinton, MS 39058**

*Presenter:  I understand that should my proposal be accepted that the registration fee would* ***not*** *be waived. I also understand that in order to be reimbursed for materials I must present receipts.  I agree to make my presentation as accepted.  Any changes or cancellations will be presented in writing by August 1.*

***Thank you for your proposal!***

*Please verify your proposal by typing you name and date in the boxes below.*

Click here to enter a date.

Signature