



# CALL FOR PROFESSIONAL PRESENTATIONS

The *Illinois Alliance of Administrators of Special Education* invites you to submit a proposal for presentation at one of our 2010-2011 Conferences. Take advantage of this opportunity to tell your colleagues what is working in your district or cooperative and to share your expertise, network, and enhance your professional growth. By featuring you and your peers as presenters, IAASE attendees tell us the conferences provide them with a strong forum for information exchange, problem-solving, and networking on a statewide level.

To submit a proposal, please complete all of the information below and mail or fax the form to:

**Norma Gerrish, IAASE Administrative Assistant**  
1324 Lantern Lights Circle, Lebanon, Illinois 62254  
Phone: (618) 622-8800 Fax: (618) 622-8801 Email: [ngerrish@iaase.org](mailto:ngerrish@iaase.org)

**Program Title:** \_\_\_\_\_

**Primary Speaker:** *(All correspondence will be sent to the person listed in this section.)* Presentation Fee: \_\_\_\_\_

Primary Speakers Name: \_\_\_\_\_ Title: \_\_\_\_\_

School District/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Speakers:** *(Correspondence will only be sent to the Primary Speaker listed above. Use a separate page for additional speakers.)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School District/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**IAASE Goals:** *(Please check ONLY one)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Goal 1 – Emphasizing a strong organizational vision | <input type="checkbox"/> Goal 3 – Improving service delivery                    | <input type="checkbox"/> Goal 5 – Influencing funding, legislation, and policy |
| <input type="checkbox"/> Goal 2 – Strengthening networking and collaboration | <input type="checkbox"/> Goal 4 – Developing proactive power as a unified group | <input type="checkbox"/> Goal 6 – Supporting professional development          |

**Program Abstract:**

1. Description of Session: *(Provide a description of the presentation. This description will be used as criteria to judge.)*

2. Learning Objectives of Session: *(“at the end of my session, participants will be able to...”)*

3. Length/Type of Session:  Keynote  One Hour BOS  Two Hour BOS (Double Session) Preferred presentation day:  Thursday  Friday

4. Please submit a short bio for each speaker that the session host can use when making introductions.

5. Please provide a one paragraph description of your presentation. If your presentation is accepted, this description will be printed in the conference program.

6. Basic audio visual equipment will be provided upon request. Please indicate what you need for your presentation.

- Podium  Table for Materials  Microphone on Stand  Wireless Lavalier Microphone  Overhead Projector  
 Screen  TV/VCR  LCD Projector for use with: Power Point  Video  Other: \_\_\_\_\_

**IAASE Conference Schedule:** *(Check the conference date you prefer to speak. Please note the date that Call for Presentation proposals must be received.)*

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|---|---|---|
| <input type="checkbox"/> September 23-24, 2010 in Tinley Park<br>(Proposal must be received by June 30, 2010) | <input type="checkbox"/> January 20-21, 2011 in Springfield<br>(Proposal must be received by October 8, 2010) | <input type="checkbox"/> May 12-13, 2011 in Springfield<br>(Proposal must be received by February 15, 2011) |
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