



CALL FOR SESSION PROPOSALS: SUBMISSION DEADLINE – DECEMBER 16, 2017



2018 MFLA SPRING CONFERENCE: LEARN MORE on the SHORE 2

Worcester Technical High School • 6290 Worcester Hwy, Newark, MD 21841 • March 24, 2018

Main Presenter Information

Name: Mr. Ms. Mrs. Dr. _____

Home Address: _____

CITY: _____

STATE: _____ ZIP CODE: _____

EVENING PHONE: _____ DAY-TIME PHONE: _____

EMAIL: _____

AFFILIATION (workplace, include city and state) _____

Co-Presenter Information

Name: Mr. Ms. Mrs. Dr. _____
First Last

Home Address: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EVENING PHONE: (____) _____ DAYTIME PHONE: (____) _____

EMAIL: _____

AFFILIATION (workplace, include city and state) _____

FORMAT (Check all that apply)	TARGET AUDIENCE (Check all that apply)	TOPIC CATEGORY (Check one)	STANDARDS CONNECTION (Check all that apply)
<input type="checkbox"/> Exhibitor <input type="checkbox"/> Interactive presentation <input type="checkbox"/> Hands-on <input type="checkbox"/> Panel <input type="checkbox"/> Association Session (AATs, etc.) _____ <input type="checkbox"/> Other	<input type="checkbox"/> PreK - 8 <input type="checkbox"/> K-12 <input type="checkbox"/> PreK - 16 <input type="checkbox"/> 6 - 8 <input type="checkbox"/> 9 - 12 <input type="checkbox"/> Community College <input type="checkbox"/> Vocational Institute <input type="checkbox"/> Four-year College or University <input type="checkbox"/> All	<input type="checkbox"/> Advocacy / Leadership <input type="checkbox"/> Assessment & Feedback <input type="checkbox"/> Authentic Resources <input type="checkbox"/> Content Integration <input type="checkbox"/> Culture <input type="checkbox"/> Curriculum <input type="checkbox"/> Instructional Strategies <input type="checkbox"/> Proficiency <input type="checkbox"/> Technology	<input type="checkbox"/> Communication <input type="checkbox"/> Interpretive <input type="checkbox"/> Interpersonal <input type="checkbox"/> Presentational <input type="checkbox"/> Culture <input type="checkbox"/> Connections <input type="checkbox"/> Comparisons <input type="checkbox"/> Communities

Session presented in (language) _____

with examples in (language/s) _____

AUDIO-VISUAL EQUIPMENT/TECHNOLOGY NEEDS*

Each room will be equipped with an LCD projector, screen, and Internet connection. If you have additional audio-visual equipment needs, such as speakers, please indicate below:

***We are also encouraging participants to bring their own technology devices, so if your session requires access to a particular app or program, please indicate that in your program description so that attendees might load it on their device prior to the day of the conference.**

WORKSHOP OR SESSION TITLE and DESCRIPTION Please provide information as requested below.

Extended Workshop – 3 hours

Concurrent Session – 75 minutes

TITLE (**Eight word limit**): _____

In the space provided below, describe specifically (1) the content of your session, (2) the method of presentation, and (3) the benefits to participants. Type or word-process in English. This description will be used by the MFLA Board in making its selection of sessions for the conference. (150-word limit)

(1)

(2)

(3)

In the space provided below, write a description of your session (65 words) as it should appear in the conference program.

Send by **DECEMBER 16, 2017** to: Leslie Grahn at grahnfam@gmail.com

Electronic submissions preferred

NOTE: Presenters are responsible for conference registration and reproduction of presentation materials.