REQUEST FOR PROPOSALS FOR CONFERENCE SPEAKERS & PRESENTERS

Proposal Form

RETURN TO
Mail: Mary Weller, Director of Conferences
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Harrisburg, PA 17110
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Fax: 717-236-8164

The Pennsylvania State Association of Boroughs (PSAB) is inviting proposals the PSAB Annual Conference and PSAB Fall Leadership Conference. (Please be aware that PSAB does not dispense legal advice.)

PROPOSED TITLE, LENGTH, AND TARGET AUDIENCE

_______________________________________________________________________________

PROVIDE A BRIEF (40-50 WORDS) SUMMARY
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

LEARNING OBJECTIVES

1. ______________________________________________________________________________
2. ______________________________________________________________________________
3. ______________________________________________________________________________

HOW DOES THIS PROPOSAL MEET THE NEEDS OF THE TARGET AUDIENCE?
________________________________________________________________________________
________________________________________________________________________________
AUDIO/VISUAL EQUIPMENT NEEDS
Please identify the equipment you will need.

- No, I will not require any audio visual equipment
- No, I will not have a PowerPoint
- Yes, I will have a PowerPoint
- Easel/Flip Chart
- Laptop Computer
- Internet Access
- LCD Projector
- Submitting photos or images (Please note, these files must be print and web quality to be considered)
- Other ________________

NOTES

1. All speakers must incorporate opportunities for interactive learning in each session (i.e., Q&A, case study discussions, etc.).
2. Handouts must be provided to PSAB.
3. Speakers grant permission to be videotaped.

SPEAKER/AUTHOR #1

NAME_________________________________________________________________
TITLE_________________________________________________________________
AGENCY/COMPANY/MUNICIPALITY_______________________________________________________________________
ADDRESS________________________________________________________________________
CITY____________________________STATE______________ZIP________________
PHONE _______________FAX______________________________________________
EMAIL _________________________________________________________________

SPEAKER/AUTHOR #2

NAME_________________________________________________________________
TITLE_________________________________________________________________
AGENCY/COMPANY/MUNICIPALITY_______________________________________________________________________
ADDRESS________________________________________________________________________
CITY____________________________STATE______________ZIP_______________
PHONE _______________FAX____________________________________________
EMAIL_________________________________________________________________

PLEASE COPY THIS FORM AS NEEDED
(Please note that submission of a proposal does not guarantee that it will be offered by PSAB. An advisory committee will review all proposals upon receipt.)