The Pennsylvania State Association of Boroughs (PSAB) is inviting proposals for programs, webinars, traditional classroom training, and conference training. PSAB represents 956 boroughs in PA and provides information, training, and education to all municipal officials and employees. (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. Presenters are encouraged to utilize posting of materials on the Internet as well providing copies for distribution at the speaking engagement.
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.)

_____________________________________________  ____________
Signature  Date