

30th ANNUAL NJASA/NJSBA SPRING CONFERENCE
“Meeting Challenges with Confidence”
May 22-23, 2012 – Caesars, Atlantic City, NJ

PROPOSAL FORM FOR PROGRAM SESSION PRESENTATION

To be considered for inclusion in the Spring Conference program, this completed form must be received
no later than **Tuesday, February 7, 2012**

Please return this form to:

Kathy Zega, Professional Development
NJASA - 920 West State Street, Trenton, NJ 08618
Fax: 609-599-1893 E-mail: kzega@njasa.net

Selected sessions must fall into one of the following categories. Please check the appropriate box for your proposed session. (Check one) Curriculum & Instruction Alternative Assessment Leadership Technology Finance Public Relations Reform Student Achievement Governance HIB Supt./Board Relations School Law Strategic Planning Special Education Innovative Programs

NEW JERSEY PROFESSIONAL STANDARDS FOR SCHOOL LEADERS

Selected sessions must also fall under one of the New Jersey Professional Standards for School Leaders. Please check the appropriate box. Your session can fall under more than one Standard. (*Please refer to the Standards online at www.njasa.net*)

Standard 1 Standard 2 Standard 3 Standard 4 Standard 5 Standard 6 Standard 7

PRESENTER INFORMATION

Please provide complete information on each presenter. Group sessions should be limited to three (3) presenters

NOTE: Only forms with a New Jersey school district listed as a co-presenter will be accepted and considered. Only NJASA Members and NJASA Allied Members are eligible to present. To become a member, please contact Charlotte Duthie, NJASA Membership Manager at (609) 599-2900, ext. 127 or via email cduthie@njasa.net

SPEAKER/SESSION INFORMATION: Please type or print neatly – attach additional sheet of paper if needed.

NAME _____ TITLE _____
DISTRICT/COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE (____) _____ FAX (____) _____ E-MAIL _____

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DISTRICT/COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE (____) _____ FAX (____) _____ E-MAIL _____

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ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE (____) _____ FAX (____) _____ E-MAIL _____

TITLE OF SESSION: _____

Session Description: In approximately 50 words, below, please describe as specifically as possible the description of the session and what attendees can expect when they attend. If selected, this description will appear in the Preliminary Program as well as the final Program Book. (Attach additional sheet of paper if needed.) *Thank you!*
