

AMSC/MSCA

Association of Michigan School Counselors
www.michiganschoolcounseling.org

Michigan School Counselor Association
www.michiganschoolcounselor.org

“School Counseling in Uncertain Times”

Spring Conference, April 26, 2010
Eastern Michigan University

PROGRAM PROPOSAL

(Please submit by March 5, 2010)

Title of Program _____

Head Presenter _____

Additional Presenters _____

(Please note: A completed Presenter Profile must be submitted for each presenter)

Description of Program (Please connect description to the theme of the conference and use no more than 50 words) _____

FORMAT	INTENDED AUDIENCE	CAPACITY	LENGTH
<input type="checkbox"/> Lecture	<input type="checkbox"/> Elementary	<input type="checkbox"/> 0-15	<input type="checkbox"/> Interest (1 hour)
<input type="checkbox"/> Panel	<input type="checkbox"/> Middle School	<input type="checkbox"/> 15-30	<input type="checkbox"/> Skill (2 hours)
<input type="checkbox"/> Discussion	<input type="checkbox"/> High School	<input type="checkbox"/> 30-50	
<input type="checkbox"/> Experiential	<input type="checkbox"/> Post Secondary	<input type="checkbox"/> Over 50	
	<input type="checkbox"/> All		

Thank you for your proposal! Please remember that this program description **MUST** be accompanied by a **presenter profile** for the head presenter/contact person *as well as* any additional presenters.

AMSC/MSCA will provide space, seating, and a table for presenter use at each session approved for the conference. **Each presenter must assume responsibility for providing media aids and technological support (i.e., laptop, LCD projector, overhead projector, flip charts, etc.) required to enhance the presentation.**

If planning to attend any part of the conference, all presenters must also complete a **conference registration form**. The head presenter/contact will receive a \$20 discount off his or her registration fee. No registration fee is required if you are attending only your session.

_____ I plan to attend the conference. (Registration form needed)

_____ I plan to attend only my session

Please email this proposal, along with all presenter profiles to:

Angela Parsell

amparsel@oakland.edu

Cell: 248-390-7858

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PRESENTER PROFILE

(Please submit one form for each presenter, ASAP. Thank you.)

Title of Program _____

Name of Presenter _____

Are you the head presenter/contact person for this program? Yes No

Employer/School _____ Phone (o) _____
Position/Title _____ Phone (h) _____
Email address _____ Phone (c) _____

Length of present employment _____

Preferred Mailing Address:

Street _____ City _____ State _____ Zip _____

Undergraduate Degree _____ Year _____ University _____

Graduate Degree _____ Year _____ University _____

Graduate Degree _____ Year _____ University _____

Licenses and certifications: _____

Specialized training relevant to the proposed program: _____

Professional affiliations and awards relevant to the program: _____

SIGNATURE _____ DATE _____

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