

NEW YORK STATE RETIRED TEACHERS' ASSOCIATION
ANNUAL WORKSHOP COMMITTEE
WORKSHOP PROPOSAL FORM

Title of Presentation and Brief Description

Title: _____

Description: _____

Committee Contact Person: _____

Telephone _____ e-mail _____

Presenter: _____ **Presenter's Address**

_____ **Phone:** _____ **E-mail**

PRESENTER PHOTO NEEDED- PLEASE ENCLOSE

Biographical Information (5-6 Sentences)

Introducer _____

Special arrangements/Needs (Please check all that apply) Overnight

Accommodations _____ Stipend _____ Fee Amount _____ Mileage _____

Meals _____ Other _____.

Audio/Visual Needs and Supplies (Check those that apply) Lectern _____

Microphone _____ Screen _____, Film Projector _____ Slide projector _____

Easel _____ Markers _____ Cassette Player _____ CD player _____ Power Point

Projector _____ Other _____

SIGNED Name and Date, Please

Accepted

Presenter

Approved _____

Committee Chair

Affirmed _____

Contact