



**Call For Workshop Proposals  
 MSSWA Conference**

**Title of Workshop:** \_\_\_\_\_  
 \_\_\_\_\_

**Attach a workshop description** of not more than 100 words that can be used as an **abstract for the conference brochure** as well as **three goals and learning objectives**. Presentations that feature evidence-based practice are particularly desirable.

**Primary Presenter:** \_\_\_\_\_ **Degree/Credentials** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Agency/Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Additional Presenter:** \_\_\_\_\_ **Degree/Credentials** \_\_\_\_\_

**Email:** \_\_\_\_\_ **\*\*Resume/Vitae required from all presenters.**

I am willing to donate my time to present at the MSSWA Conference in exchange for free registration for the conference  Yes  No If not, my speaking fee is \_\_\_\_\_.

**Please attach the presenter(s) biographical data in 100 words or less.** Briefly describe your professional expertise or areas of expertise relevant to this presentation.

Length of Workshop:  1.5 hours  2 hours  3 hours  All day  
 Target Audience:  Pre-School  K-12  Elementary  Middle  High School  
 Presentation Style:  Lecture  Panel  Experiential  Other \_\_\_\_\_  
 Audience Size Limited:  Yes  No Maximum # \_\_\_\_\_  
 Audio Visual Needed:  LCD Projector  Overhead Projector  Wi-Fi  Other \_\_\_\_\_

**Presenters who use Powerpoint must bring their own laptop. Mac users please bring your own connector cord.**

**Please submit the completed proposal to: Dan Porter [Dan.Porter@nemetrol2.mn.us](mailto:Dan.Porter@nemetrol2.mn.us)  
 762 Meyer Street N, Maplewood, MN 55119  
 Cell #612-998-3387**