



Ohio Middle Level Association

2018 Conference Presentation Proposal Form

Applications must be postmarked no later than June 1, 2018

Please type or print clearly all information. An online proposal form can be found at www.ohiomla.org.

Presenters for the OMLA State Conference are not paid an honorarium. **Each presenter must register for the conference and pay the appropriate member / non-member fee – no exceptions!**

For a Conference Registration Form go to www.ohiomla.org.

Mini-sessions last for 60 minutes. If you do not hear a response regarding your presenter application by June 15, 2018, please contact Lisa Nemeth at omlasecretary@gmail.com.

Presentation Description:

Your Name: _____
(The name listed here will be the person who receives all information regarding your application.)

Your school or organization: _____

Creative title of presentation: _____

Goal of presentation: *(List the goal of your session in a brief statement.)* _____

Abstract: Provide a short 3-5 sentence description of your presentation. *This will be printed in the program.*

Presentation Topic:

What is your target audience?

Teachers Administrators Pre-Service Teachers University Staff Resident Educator

Please check the category which is most closely related to your presentation. Choose one category only.

Curriculum, Instruction, and Assessment Leadership and Organization
 Culture and Community

Audiovisual Aids:

Only a screen will be provided.

Additional equipment may be contracted directly from our conference supplier at your expense.

Please send me AV ordering information. **I understand I will pay for the equipment rental.**



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Session Information

We would like to know your preference for the following. We will try to honor as many of your requests as time and facilities allow.

Indicate your preference of day(s) to present. Thursday Friday Either

Do you require or would you like a double session? Yes No

Would you like to offer your presentation a second time? Yes No

Primary Speaker Information

(This will be the only person who received information regarding your presentation.)

Name: _____ Position: _____

School District: _____ School Phone: _____

School Building: _____ Home Phone: _____

School Address: _____ E-Mail Address: _____

City, State, Zip: _____ Region: _____

Additional Speaker Information *(For program use and secondary contact only)*

Name: _____ E-Mail: _____ List in program? Yes No

Name: _____ E-Mail: _____ List in program? Yes No

Name: _____ E-Mail: _____ List in program? Yes No

Name: _____ E-Mail: _____ List in program? Yes No

Name: _____ E-Mail: _____ List in program? Yes No

Send completed nomination form to: Lisa Nemeth
5491 Adventure Dr.
Dublin, OH 43017
omlasecretary@gmail.com

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