

PRESENTATION PROPOSAL FORM 2008 MIDTESOL CONFERENCE:

Buena Vista University 17 and 18 October 2008 Storm Lake, IA

DEADLINE FOR SUBMISSION PROPOSALS: 1 September 2008

Please type or print clearly. We regret that we are unable to pay our presenters' expenses or registration fees. You will be notified in late September if your proposal has been accepted. Please send your completed proposals via postal mail or email (**preferred**) to:

Name: Dr. Katya Koubek, Assistant Professor of Education **Position:** 2008 Conference Chair
Address: 610 West 4th Street **Phone:** (712) 749-2215
City/Zip: Storm Lake, IA 50588 **Email:** koubek@bvu.edu

I. Contact Person for Presentation:

| | | | |
|---|---------|-------|--|
| Name (as you would like it to appear in the program): | | | |
| Current Position/Title: | | | |
| Current School Affiliation: | | | |
| Preferred Mailing Address: | | | |
| Phone Numbers: | Home: | Work: | |
| Fax: | E-Mail: | | |

II. CO-PRESENTER(S) (these names will be listed as speakers under your presentation; however, only you will receive communication regarding this presentation):

III. FORMAT: Please check [x] your preference

| | | | |
|--------------------------|----------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Session (60-minute) | <input type="checkbox"/> | Paper (30-minute) |
| <input type="checkbox"/> | Workshop (90-minute) | <input type="checkbox"/> | Panel (90-minute) |

IV. SCHEDULE INFORMATION: Please check [x] your preference

A. When are you **AVAILABLE** to present?

| | | | | | | | |
|--------------------------|------------------|--------------------------|----------------|--------------------------|------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Friday afternoon | <input type="checkbox"/> | Friday evening | <input type="checkbox"/> | Saturday morning | <input type="checkbox"/> | Saturday afternoon |
|--------------------------|------------------|--------------------------|----------------|--------------------------|------------------|--------------------------|--------------------|

B. Would you be willing to act as a host for another session? _____ Yes _____ No

V. STRAND: (check appropriate designation [x])

| | | | |
|--------------------------|------------------------------------|--------------------------|------------------|
| <input type="checkbox"/> | K-12 | <input type="checkbox"/> | General Interest |
| <input type="checkbox"/> | Elementary | <input type="checkbox"/> | Secondary |
| <input type="checkbox"/> | Tutors and Parents | <input type="checkbox"/> | Administration |
| <input type="checkbox"/> | Workplace/Refugee/Newcomers | <input type="checkbox"/> | Assessment |
| <input type="checkbox"/> | Higher Education/Community College | <input type="checkbox"/> | Adult Education |

VI. EQUIPMENT: (IMPORTANT – Please list needs at this time. *EQUIPMENT REQUESTED AT A LATER DATE MAY NOT BE AVAILABLE.*)

| | | | | | | | |
|--------------------------|-----------------|--------------------------|--------------|--------------------------|--------------------|--------------------------|---------------------|
| <input type="checkbox"/> | overhead/screen | <input type="checkbox"/> | TV/VCR (VHS) | <input type="checkbox"/> | presentation table | <input type="checkbox"/> | LCD projection unit |
|--------------------------|-----------------|--------------------------|--------------|--------------------------|--------------------|--------------------------|---------------------|

VII. PROGRAM ABSTRACT/SUMMARY: On a separate sheet provide:

A. **TITLE OF PRESENTATION:** (9 words or less) as you wish it will appear in the program:

B. **DESCRIPTION:** (Max. 100 words) as you wish it will appear in the program:

C. **BIOGRAPHICAL INFORMATION:** Please submit for each presenter

| | |
|---|-------------------------|
| Mr. _____ Mrs. _____ Miss _____ Ms. _____ Dr. _____ | Mailing Address: |
| Name: _____ | Phone: |
| District/Agency/Organization: _____ | E-mail Address: |
| Position or Title: _____ | |
| Length of time in this position: _____ | |

XI. Other Pertinent Information (On a separate sheet)