

AUDIO-VISUAL EQUIPMENT

Each room will be equipped with an overhead projector and screen. If you have additional audio-visual equipment needs, please check all applicable items:

- TV/VCR and monitor
- Audiocassette player
- CD Player
- DVD player and TV monitor
- Software* _____
- Computer Lab*
- PC Computer (Stand alone)
- Language Lab
- LCD (projection device)
- Internet access

***We will not be able to add software to the computers, but we will check to see if it is already installed.**

WORKSHOP OR SESSION TITLE and DESCRIPTION Please provide information as requested below.

- Friday Swap Shop session
- Friday 2 hour immersion workshop
- Saturday 60 minute session

TITLE (Ten word limit): _____

In the space provided below, describe specifically (1) the content of your session, (2) the method of presentation, and (3) the benefits to participants. Type or word-process in English. This description will be used by the MFLA Board in making its selection of sessions for the conference. (150 word limit)

(1)

(2)

(3)

In the space provided below, write a description of your session (65 words) as it should appear in the conference program.

Send by MAY 1, 2010 to:
 MFLA SESSIONS, Leslie Grahn
 6408 Warm Sunshine Path
 Clarksville, MD 21029
 Fax: 410-884-6919
 lgrahn@hcpss.org

NOTE: Presenters are responsible for conference registration and reproduction of presentation materials.

CALL FOR SESSION PROPOSALS
SUBMISSION DEADLINE: MAY 1, 2010

2010 GWATFL / MFLA JOINT FALL CONFERENCE

OCTOBER 15 - 16, 2010 Anne Arundel Community College Arnold, MD

Go Global: Communicate, Collaborate, Participate

Main Presenter Information

Name: Mr. Ms. Mrs. Dr. _____
First Last

Home Address: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EVENING PHONE: (____) _____ DAYTIME PHONE: (____) _____

EMAIL: _____

AFFILIATION (workplace, include city and state) _____

Co-Presenter Information

Name: Mr. Ms. Mrs. Dr. _____
First Last

Home Address: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EVENING PHONE: (____) _____ DAYTIME PHONE: (____) _____

EMAIL: _____

AFFILIATION (workplace, include city and state) _____

FORMAT (Check one)

- Interactive presentation
- Hands-on
- Panel
- Association Session
(AATs, etc.) _____
- Other

TARGET AUDIENCE LEVEL

- PreK - 8
- K-12
- PreK - 16
- 6 - 8
- 9 - 12
- Community / Vocational
College
- Four-year College /
University

TOPIC CATEGORY (Check one)

- Assessment
- Culture
- Curriculum
- Instructional Strategies
- Leadership
- Literature
- Materials
- Technology

STANDARDS CONNECTION

(Check all that apply)

- Communication
- Culture
- Connections
- Comparisons
- Communities

SESSION PRESENTED IN

(language): _____

WITH EXAMPLES IN (language):
