

## NTA 2011 Conference Submission Form

Do you volunteer to have your session videotaped  yes  no

*Please Print or Type*

**Contact Presenter**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Institution \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

**List Additional Presenters**

\_\_\_\_\_

**Title of Session**

\_\_\_\_\_

Session Format  Workshop  Demonstration  Round Table  Panel Discussion  Presentation

Length of Session  1 hour  2 hours      Maximum Size of Audience \_\_\_\_\_

**Intended Audience**

New Professionals  Seasoned Professionals  Administrators  Instructors  Support Personnel  
 Peer Tutors  SES Providers  Small Business Owners  Other

**Topic Category:**

Please describe up to 3 categories where you feel your topic best fits for audience relevancy and usefulness.  
Examples: Peer Tutoring, Program Management, Ethics and Standards, Learning Theory, Mentoring, Collaborative Learning, Diversity, etc.

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\_\_\_\_\_

**Audio-Visual Needs**

Overhead Projector (Free upon request)  Screen only (Free upon request)  Flip Chart (\$10)  
 LCD Projector (\$125)  LCD Support Package – You bring the LCD projector but need screen, power surge protector etc. (\$25)  DVD or VCR Player and Monitor (\$125)  Internet Connection (Hotel to determine rate) PLEASE NOTE THAT LAPTOP COMPUTERS ARE NOT AVAILABLE FOR RENTAL . ALL AV COSTS MUST BE PAID WITH CONFERENCE REGISTRATION. WE CANNOT ACCEPT AV CHANGES OR NEW REQUESTS WITHIN 5 DAYS OF THE CONFERENCE. ALL AV PRICES ARE SUBJECT TO 21% SERVICE CHARGE AND APPLICABLE STATE TAXES AS CHARGED BY THE CONFERENCE HOTEL.

**Summary:**

Please type your summary on a separate page (250 word max.) If your proposal is accepted, your summary will appear in the conference program.

I understand that all presenters and co-presenters will . . .

1. Register for the conference and pay registration fee as well as any additional AV costs as per my request.
2. Be responsible for all costs related to transportation, room, and board.
3. Be responsible for providing handouts for a minimum of 75 participants.
4. Not be paid an honorarium.
5. Submit any address, name or presentation information change.

Presenter Signature \_\_\_\_\_ Date \_\_\_\_\_

*Submit completed proposals to:* NTA Conference Proposal  
PO Box 6840      Lakeland FL 33807-6840  
Deadline December 12, 2008