PLEASE DUPLICATE AND DISTRIBUTE TO:

Central Office Administrators, Principals, Assistant Principals, Supervisors, IU Staff

CALL FOR PRESENTERS

2017 PENNSYLVANIA EDUCATIONAL LEADERSHIP SUMMIT



Blair County Convention Center Altoona, Pennsylvania

All information must be completed to be considered. (Title of Presentation) List Presenters – primary person first (person to be contacted by the committee – will keep other presenters informed of acceptance and other details): (Dr., Mr., Mrs., Ms., title, School District/Organization)	Breakout sessions are one ho	our and fifteen minu	<u>ites in length and</u>	l must be on the follo	owing strands:
utilization, mandates, communication) Leadership for Learning (leading initiatives, aligning curriculum, high quality instruction, maximizes times) Professional and Community Leadership (professionalism, engages community, supports and models professional growth) Print or Type: All information must be completed to be considered. (Title of Presentation) List Presenters – primary person first (person to be contacted by the committee – will keep other presenters informed of acceptance and other details): (Dr., Mr., Mrs., Ms., title, School District/Organization)		ership (vision, go	als, leading ch	ange, using data, k	ouilding an
maximizes times) Professional and Community Leadership (professionalism, engages community, supports and models professional growth) Print or Type: All information must be completed to be considered. (Title of Presentation) List Presenters – primary person first (person to be contacted by the committee – will keep other presenters informed of acceptance and other details): (Dr., Mr., Mrs., Ms., title, School District/Organization)		-	l, school safety	, resource	
community, supports and models professional growth) Print or Type: All information must be completed to be considered. (Title of Presentation) List Presenters – primary person first (person to be contacted by the committee – will keep other presenters informed of acceptance and other details): (Dr., Mr., Mrs., Ms., title, School District/Organization)		g (leading initiativ	es, aligning cu	rriculum, high qua	lity instruction,
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Name of Contact Person Title Phone #					
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	Name of Contact Person	Title		Phone #	

Full Address

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Name of School District/Organization

E-mail Address	
Signature of Contact Person	
Describe your presentation in about 1 or 2 paragraphs.	
Describe how your workshop is related to <u>one</u> of the 4 strands. (Strategic/Cultural Leadership, Systems Leaders Leadership for Learning or Professional and Community Leadership)	hip
Please list two or three of your workshop's goals or objectives.	
What is your target audience? Check those that apply. District LeadershipBuilding LeadershipCurriculum/Supervisors/IT IU	
Workshop Format (lecture, hands-on, etc.)	
Audio-Visual Needs- Screens will be available. Other equipment you must provide.	
Will you have handouts for your participants? Yes No	
Once all submissions are reviewed, the program committee will select those programs that most appropria meet the needs of participants and pertain to the theme of our conference.	tely
Submit completed form to: Dr. Paul M. Healey, Executive Director, PA Principals Association, 122 Valley Road, P.O. Box 39, Summerdale, PA 17093 Email kinner@paprincipals.org • Fax (717) 732-4890 • Phone (717) 732-4999.	

DEADLINE FOR RECEIPT OF PROPOSALS - March 3, 2017.

Please Note: We are not accepting any vendor presentations.