## KEHA ANNUAL MEETING LEARNING SESSION/WORKSHOP PROPOSAL FORM

**Send this form to:** Ann Porter, KEHA 1<sup>st</sup> Vice President, P.O. Box 88, Washington, KY 41096-0088

Email the form to BOTH alport1941@gmail.com and copy k.may@uky.edu

Questions? Contact Ann Porter at 606-584-2510.

Deadline:	October 15
Contact Person:	
Organization:	
Address:	
Telephone:	Email:
Title of Session (as you	a would like it printed – please limit to 50 characters):
List ALL Session Prese	nters (please provide name, full title, email for each):
Sessions are typically	I hour and 15 minutes long. Description of Session:
Cost per person attendi	ing: Cost for additional kits:
(NOTE: Paid sessions issued after state meeti	should preferably allow for at least 20 attendees. Reimbursement for supplies will be ing.)
Please provide your pro	eferred number of attendees Minimum Maximum

Projector, screen, laptop, microphone, sound/speakers f Please let us know what equipment you will be bringing proper equipment and space.	
☐ I will furnish my own equipment, noted as follows: ☐ I will need the following equipment to be provided:	
Presenters are responsible for bringing their own copies presentation, it is advised you bring a backup copy on f	
Please indicate if you prefer to have any of the followin no guarantee of availability):	ng (indicate quantity needed, and please note there is
Table for Speaker/Display Mid	crophone Electricity
Rooms may be set up either theater or classroom style, have specific notes/needs on room setup, please indicate	
KEHA will not be held responsible for injury, damage, presenting at the KEHA Annual Meeting. I understand regulations set forth in this agreement.	
Signature I	Date
Would you be willing to share your presentation and/or (www.keha.org) following your session? Yes	*