



## Program Proposal

I. Program Title: \_\_\_\_\_

II. Primary Presenter:  
 Name: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Institution: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Are you a first time presenter? \_\_\_ Yes \_\_\_ No  
 What is the best way to contact you? \_\_\_ Phone \_\_\_ Fax \_\_\_ Email

III. Other Presenters:

Name	Position	Institution
_____	_____	_____
_____	_____	_____

Please note: All presenters must submit paid registrations for the conference by the January 9, 2004 deadline.

IV. Audio/Visual Needs: (Check all needed)

<input type="checkbox"/> I will provide all my own A/V equipment.	<input type="checkbox"/> Screen
<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> TV/VCR
<input type="checkbox"/> LCD projector*(provide own laptop)	<input type="checkbox"/> Flipchart
<input type="checkbox"/> LCD projector and laptop*	<input type="checkbox"/> Other _____

\*LCD projectors and laptops available on a very limited basis.

V. Areas Addressed by Session:

<input type="checkbox"/> Supervision/Evaluation	<input type="checkbox"/> Research & Assessment
<input type="checkbox"/> Legal/Judicial Issues	<input type="checkbox"/> Current Issues & Trends
<input type="checkbox"/> Leadership & Service	<input type="checkbox"/> Diversity/Social Justice
<input type="checkbox"/> Budgeting/Financial Management	<input type="checkbox"/> Public Institution Issues
<input type="checkbox"/> Private/Faith-Based Institution Issues	<input type="checkbox"/> Professional/Personal Development
<input type="checkbox"/> Training/Staff Development	<input type="checkbox"/> Technology

Intended Audience: (Select no more than two please)

<input type="checkbox"/> Senior Student Affairs Officers	<input type="checkbox"/> New Professionals
<input type="checkbox"/> Mid-level Managers	<input type="checkbox"/> Graduate Students
<input type="checkbox"/> Entry level	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Faculty	

Intended Areas of Application: (Select no more than two please)

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Advising               | <input type="checkbox"/> Counseling                     |
| <input type="checkbox"/> Career Development              | <input type="checkbox"/> Enrollment Services            |
| <input type="checkbox"/> Housing/Residence Life          | <input type="checkbox"/> Student Activities/Unions      |
| <input type="checkbox"/> Greek Life                      | <input type="checkbox"/> International Student Services |
| <input type="checkbox"/> Multicultural/Ethnic Diversity  | <input type="checkbox"/> Community Service Learning     |
| <input type="checkbox"/> Leadership                      | <input type="checkbox"/> Health/Wellness                |
| <input type="checkbox"/> Orientation/First Year Programs | <input type="checkbox"/> Other: _____                   |

VI. Format: All program time slots will be 60 minutes in length. Please include at least 10 minutes for questions, answers and evaluations in planning programs so attendees have ample time to evaluate sessions and move to the next session.

Will the number of participants be limited? ( ) No ( ) Yes, how many? \_\_\_\_\_

Do you prefer to present on a particular day? ( ) No ( ) Yes, Thursday ( ) Yes, Friday

VII. Program Abstract: (Please type and attach)

Please describe your program in 75 words or less. This statement will be published in the conference program booklet and appear on the conference website. Please include a statement regarding your specific target audience and learning outcomes.

VIII. Detailed Program Outline: (Please type and attach)

Please provide a detailed outline of your program presentation. This information will be used to evaluate the proposal. In your outline, please include your objectives, a tentative timeline, the method(s) of presentation and how the topic affects your target audience.

Presenter's Statement: I have communicated with all presenters and I (they) have agreed to present this session at the 2004 OASPA/OCPA conference. If accepted, I (we) agree to submit a paid conference registration(s) by the registration deadline of January 9, 2004, and provide a minimum of 40 copies of the handout material at the conference.

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Primary Presenter's Signature

Date

For full consideration, this Program Proposal must be postmarked or faxed no later than November 3, 2003, to:

Tracy Benner, Conference Co-Chair  
1 Otterbein College  
Student Affairs Office  
Westerville, Ohio 43081  
Fax: 614-823-3299  
Phone: 614-823-1250  
Email: TBenner@otterbein.edu