

Call for Programs



February 20-22, 1998
University of Illinois at Chicago
Chicago, Illinois

Primary Presenter Information

Name: _____

Position/title (if applicable): _____

Organization / school: _____

Mailing Address: _____

City, state, zip: _____

Phone: (daytime preferred): _____
please include area code.

Fax: _____
please include area code

E-mail address: _____

Co-Presenter Information (if applicable)

Name: _____

Position/title (if applicable): _____

Organization / school: _____

Address: _____

City, state, zip: _____

Day phone: _____

Fax: _____

e-mail address: _____

Program title: _____

Program Length (please choose one) :

75 minutes 50 minutes

Program Description (in 250 words or less, please describe the program's overall purpose and content):

Abstract (In 50 words or less, please provide a brief description of your presentation. This will be printed in the conference booklet):

Presentation Style (choose one)

lecture workshop panel discussion

Activities (will this be an interactive lecture or workshop?)

yes no

if yes, please explain:

Presenter Information

Background Information: In 50 words or less, please provide a brief description of yourself and related experiences (eg., leadership positions, relevant volunteer work, professional presentations, works published, research, interests, etc.). We realize some students may not have much to list here so just tell a little about relevant high school/collegiate experience:

Audio/Visual Requirements:

Please check here for type of equipment needed*

microphone overhead projector electric pointer flipchart with markers

slide projector vcr audiocassette (player only)

* Depending on need and cost. (We do not guarantee availability of equipment)

Access:

I need wheelchair access I will need an ASL interpreter
I have other special needs (specify):

Questions?: If you have any questions, please feel free to contact us at (312) 413-8619.

You can submit to your proposal via e-mail to: workshops98@uic.edu.

If you prefer, you can mail your proposal form to:

OGLBC (M/C 369)
1007 W Harrison 4078 BSB
Chicago, IL 60607-7140

Or fax your completed proposal form by Dec. 15 for first-round consideration to: 312-996-4688

Thanks. Our program committee will review your proposal and contact you. We appreciate your interest in presenting and look forward to seeing you in Chicago.