

## Proposal Form



### 2014 LICSPA Annual Conference Program

Higher Education in the 21<sup>st</sup> Century: Effective Strategies for Success

**Conference Date:** February 7, 2014, **Snow Date:** February 28, 2014

**Location:** Adelphi University

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- ◆ Return completed form by December 2, 2013 to **licspa@gmail.com**
  - ◆ Proposal will be reviewed on December 6, 2013. Presenters will be notified by **December 12, 2013** as to whether the proposal was selected.
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### Suggested Focus Areas for Conference Proposals

Advising and Counseling

Assessment, Evaluation, and Research

Career Exploration and Internships

Ethical Professional Practice

Equity, Diversity, and Inclusion

Law, Policy and Governance

Leadership Programming

Mental Health and Wellness

Residence Life/Residential Programming

Student Learning and Development for Special Populations

Technology Use in Higher Education

**SESSION TITLE:**

**SESSION ABSTRACT:**(limit of 50 words): This will appear as written in the conference program. It should be written to accurately describe your session and attract participants.

**LEARNING OUTCOMES:** Please list at least three (3) learning outcomes and identify new strategies and knowledge the participant will gain upon completion of the presentation.

Outcome 1:

Outcome 2:

Outcome 3:

**AUDIENCE:** ☐ Graduate/ Undergraduate Student  
☐ Professional with 0-5 years exp.

☐ Professional with 6—10 years exp.  
☐ Professional with 11 + years exp.

**AUDIO VISUAL EQUIPMENT** (Please check-off any audio/visual needs)

☐ Laptop Computer  
☐ LCD Projector & Screen  
(for use with laptop)

☐ Internet Access  
☐ Sound System

☐ Prefer to use own computer  
☐ PC ☐ MAC

☐ Flipchart & Markers

**NAME(S) OF PRESENTERS:** List the “organizer/lead presenter” first, this person will serve as a contact person for LICSPA and will be responsible for communicating with other presenters.

### ORGANIZER/LEAD PRESENTER

Name:	Title:
Address:	Organization:
City, State, Zip:	Office Phone:
E-mail	Cell Phone:

### Presenter #2

Name:	Title:
Address:	Organization:
City, State, Zip:	Office Phone:
E-mail:	Cell Phone:

### PRESENTER #3

Name:	Title:
Address:	Organization:
City, State, Zip:	Office Phone:
E-mail	Cell Phone:

**HAVE YOU PRESENTED ON THIS TOPIC PREVIOUSLY? IF YES, WHEN?**

**VERIFICATION**

As the Coordinating Presenter, I recognize, if selected, that I will receive all correspondence regarding this proposal. I will communicate with all participants listed on this form. They have agreed to present this program if accepted. All participants recognize that they must register for the conference. It is the responsibility of the educational session coordinating presenter to obtain permission for use of all copyrighted materials. The presenters will indemnify and hold LICSPA harmless from and against any loss, expense (including attorney fees) or other liability resulting from any claims or suits for libel, violation of right of privacy, plagiarism, copyright, trademark infringement and any other claims or suits that may arise out of the publication of such materials.

**Name:**

**If you agree, please type "I Agree":**