

Conference Workshop Proposal

Conference Info: <http://ccsne.compact.org/student-conference/>

If your workshop proposal is accepted, the conference registration fee will be waived for up to 4 presenters.

* Required



Presenter Information

1. Primary Contact (First Name, Last Name, Title)

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2. Primary Contact Email *

3. Primary Phone Number *

4. Total Number of Presenters *

5. Please list the names and emails of any additional presenters.

6. If you or any of your presenters have a disability and need accommodation, please let us know.

7. Affiliation *

Mark only one oval.

- Individual Student
- Student Group
- Faculty/Staff Member
- Community Organization
- Community Member
- Other: _____

8. If you are affiliated with a College or University, which one? (Please list institution name and state.)

9. Twitter Handle/Social Media Pages

Session Information

Tell us about your plan for an interactive workshop session. Session blocks are 75 minutes, but please plan to set aside a few minutes for students to complete and submit evaluations at the end of your session.

10. Presentation Title *

11. Presentation Abstract *

100 words max; for use in programs and for promotion.

12. Session Format *

Mark only one oval.

- Lecture/Presentation
- Discussion Group
- Panel
- Other: _____

13. Session Objectives *

Please list 1 to 3 learning objectives for your session.

14. Session Summary *

Provide an outline of your session. Include topics, activities, etc.

15. How would this session connect to the conference theme? *

The conference theme is Creating Space: Solidarity, Dialogue, Social Justice, Opportunity

16. What level of understanding of your topic is recommended for active participation?

Mark only one oval.

- Introductory
- Intermediate
- Advanced
- Other: _____

Logistical Support

17. What tech and AV equipment does your session need? *

18. Please describe how you would like your space set up. *

19. How much time will you need to set up? *

20. Would you be willing to present your session twice? *

Mark only one oval.

- Yes
- No
- Other: _____

21. Do you require any additional set up support?

Additional Information

22. Please outline any additional considerations for the review committee.

