


[Organization](#)
[Board](#)
[Conference](#)
[Advocacy](#)
[PAACE News](#)
[Journal](#)
[Resources](#)
[Search Site](#)

Quick Links

Organization

Mission & History
Officers
Program Divisions
Committees
Regional Reps
Awards
Strategic Plan
Join PAACE
List sign-up

Board

Board Members
Meetings
Minutes
Board Forms

Conference

PAACE News

Legislative

PAACE Journal

Resources

Contact PAACE

Request for Proposals

Event Waiver

I have reviewed and accept the following Terms and Conditions:

Presenter Agreement: I understand that presenter and co-presenters:

- Must register for the conference and pay the registration fee.
- If chosen as a presenter, all correspondence will be conducted through email.
- Will be responsible for all costs related to transportation, room, and board.
- Will be responsible for furnishing handouts in the quantity needed for sessions.
- Will be responsible for arrangements and costs of audio/visual equipment beyond what the conference provides (see Audio/Visual section).
- Will not be paid an honorarium.
- Must adhere to all copyright laws.
- Will be responsible for the security of any personal equipment used in a presentation.

By clicking in this box, you are agreeing to the terms stated above and applying your signature as Primary Presenter.

PAACE reserves the right to accept or reject any proposal for presentation.

[View our Privacy Policy](#)

a a

Request for Proposals

Personal Information

Email	<input type="text"/>
Email (Confirm)	<input type="text"/>
Password	<input type="text"/>
Password (Confirm)	<input type="text"/>
Title [Mr.Mrs.Ms.Dr.]	<input type="text"/>
Primary Presenter First Name	<input type="text"/>
Primary Presenter Last Name	<input type="text"/>
Organization	<input type="text"/>
Job	<input type="text"/>
Street	<input type="text"/>
City	<input type="text"/>
State/Province	-- Select --
Country	-- Select --
Zip/Postal Code	<input type="text"/>
Phone (Day)	<input type="text"/>
Phone (Evening)	<input type="text"/>
Phone (Cell)	<input type="text"/>
Industry	<input type="text"/>
Phone (Emergency)	<input type="text"/>
I am an ABLE Administrator	<input type="text"/>
Proposal was suggested by:	<input type="text"/>

[« Back](#)[Clear](#)[Save & Continue »](#)

Powered By
gifttool



Pennsylvania Association for Adult Continuing Education

- Organization
- Board
- Conference
- Advocacy
- PAACE News
- Journal
- Resources
- Search Site

- Quick Links**
- [Organization](#)
 - Mission & History
 - Officers
 - Program Divisions
 - Committees
 - Regional Reps
 - Awards
 - Strategic Plan
 - Join PAACE
 - List sign-up
 - [Board](#)
 - Board Members
 - Meetings
 - Minutes
 - Board Forms
 - [Conference](#)
 - [PAACE News](#)
 - [Legislative](#)
 - [PAACE Journal](#)
 - [Resources](#)
 - [Contact PAACE](#)

- Personal Information
- Payment

a a

Request for Proposals

Additional Information

a a

Answer the questions for a a

Workshop Title:

Workshop Abstract: (40 word maximum) This description will be included in the program.

Workshop Description: (300 word maximum) Please provide a description of the proposed program and its relations to the conference theme as well as what participants will learn, the activities you will use during your presentation and what level of expertise needed (if any) by the participants.

For Co-Presenter 1: Provide the full name, email address, complete mailing address, and telephone number(s)

For Co-Presenter 1: Provide biographical information to be included in the program book. (50 word maximum)

For Co-Presenter 2: Provide the full name, email address, complete mailing address, and telephone number(s)

For Co-Presenter 2: Provide biographical information to be included in the program book. (50 word maximum)

For Co-Presenter 3: Provide the full name, email address, complete mailing address, and telephone number(s)

Format and Technique:**Indicate any day or time preference to deliver your workshop.****Is this a double session?**

- Yes
- No

Equipment needs:

- None
- Flipchart
- Overhead
- Computer lab
- Other:

Select a primary category for this session.**Select a secondary category for this session.**

Biographical Information (Primary Presenter): Please provide biographical information for each presenter for the program book (50 word max.)

For Co-Presenter 3: Provide biographical information to be included in the program book. (50 word maximum)

For Co-Presenter 4: Provide the full name, email address, complete mailing address, and telephone number(s)

For Co-Presenter 4: Provide biographical information to be included in the program book. (50 word maximum)

[« Back](#) [Clear](#) [Next »](#)
