

Art Supervisors Association

Professional Development / 2017-18 Workshop Proposal Form

Carol Oberlander – ASA Workshop Coordinator
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Proposed Workshop Title: _____

Presenter: _____ - Your Name

Month Of Presentation: Sept Oct Nov Dec Jan Feb Mar Apl / Any / Fall only / Winter only
(circle only if you have preferences)

Time: 4:00 – 6:00 pm

Proposed Site: School –
District -
Session Location/Room –

Class Size Limit: None or Limit Of _____ (Pick one)

(Note: Proposal will only be accepted from schools participating in the ASA/BOCES series)

Please print clearly or type. Thank you.

Session Description: (In approximate 4 - 6 lines) This will be included on website, include Common Core

About the Clinician: (In approximate 4 - 6 lines) This will be included on website

DUE DATE: Friday, April 21, 2017

Contact Information:

School Address: _____ Zip _____

School Phone Number: _____ School Fax No. _____

Home Address: _____ Zip _____

Home Phone Number: _____ Home Fax No. _____

Cell Number: __ (____) _____

Home E-Mail Address: _____

School E-Mail Address: _____

Send this form to: Carol Oberlander
3 Harmony Road
Huntington NY 11743

If your school address is different from where the workshop
is being held please notify by
email caroloberlander@hotmail.com

