KEHA ANNUAL MEETING LEARNING SESSION/WORKSHOP PROPOSAL FORM

Send this form to: Ann Porter, KEHA 1st Vice President, P.O. Box 88, Washington, KY 41096-0088 Questions? Contact Ann Porter at 606-584-2510 or annsporter42@gmail.com. Deadline: October 15 Contact Person: Organization: Address: _____Email: _____ Telephone: Title of Session (as you would like it printed – please limit to 50 characters): List ALL Session Presenters (please provide name, full title, email for each): Sessions are typically 1 hour and 15 minutes long. Description of Session: Cost per person attending: _____ Cost for additional kits: ____ (NOTE: Paid sessions should preferably allow for at least 20 attendees. Reimbursement for supplies will be issued after state meeting.) Please provide your preferred number of attendees. Minimum Maximum

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Please let us know what equipment you will be bringing proper equipment and space.	
☐ I will furnish my own equipment, noted as follows: ☐ I will need the following equipment to be provided:	
Presenters are responsible for bringing their own copies presentation, it is advised you bring a backup copy on f	
Please indicate if you will need any of the following (no	ote quantity):
Table for Speaker/Display Mid	icrophone Electricity
Rooms may be set up either theater or classroom style, based on the overall needs of the conference. If you have specific notes/needs on room setup, please indicate so here:	
KEHA will not be held responsible for injury, damage, presenting at the KEHA Annual Meeting. I understand regulations set forth in this agreement.	
Signature I	Date
Would you be willing to share your presentation and/or (www.keha.org) following your session? Yes	*

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