



V.A.A.P. Conference Presentation Proposal
March 10-12, 2010

Name: _____

Organization: _____

Address: _____

Telephone: _____ Cell: _____

Title of Presentation: _____

Description of Presentation: _____

Learning Objectives (Please state a minimum of 3 in measurable terms, i.e., participants will be able to...)

Preferred length of presentation (1 or 1 ½ hours): _____

Preferred Date and Time (a.m. or p.m.) of Presentation: _____

References (two): _____ Phone: _____

_____ Phone: _____

Equipment Needed (flip chart, overhead projector): _____

Please attach a 1 paragraph biography to include information on current position and qualification to presentation topic.

Please send proposal to: Vicky Surash
8901 McNair Court
Alexandria, VA 22309

Or email: SurashVW@aol.com