

LOUISIANA MUSIC EDUCATORS ASSOCIATION
Proposal for State Professional Development Conference Clinic Session
LMEA State Conference/Nov. 17-21, 2016/Crowne Plaza Hotel/Baton Rouge, LA

Name _____ MENC Member __Yes__No
Title _____
School, Company or Organization _____
Address _____
City -State _____ Zip Code _____
Email Address _____
Work Phone _____ Home Phone _____

- I. Subject Area: *Please select only one subject area (most appropriate)*
- | | | |
|-------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Vocal | <input type="checkbox"/> Elementary | <input type="checkbox"/> Band |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Orchestra | <input type="checkbox"/> General |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Other (Please Specify) | |
- II. Appropriate Grade Level(s):
- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Pre-Elementary | <input type="checkbox"/> Elementary |
| <input type="checkbox"/> Middle/Jr. High | <input type="checkbox"/> High School |
| <input type="checkbox"/> College/Univ. | <input type="checkbox"/> All Levels |
- III. Session Title: _____
- IV. Type of Session: ☐ Clinic ☐ Demo Group ☐ Panel Discussion
- V. Session Description: _____

VI. Equipment Provided: AV Screen, Sound w/1/8" adapter, White Board and a Music Stand. All other equipment is the responsibility of the presenter.

I will need a piano/keyboard for my session: YES NO (Circle One)

I understand that if my proposal is accepted, my presentation could be scheduled on any day of the conference and at any time. I understand that I will not receive any funds from LMEA.

Signature

Date Submitted

Submit Application To: James Hearne, State Conference Chairman
138 Kathy Drive
Ragley, LA 70657

Applications must be postmarked by June 10, 2016