CONFERENCE SESSION PROPOSAL FORM
Duplicate as necessary - Please print or type

Session Title: _____________________________________________________________
Name of Proposer: _______________________________________________________
Institution: _____________________________________________________________
Mailing Address: _________________________________________________________

Telephone: Day: ________________________________ Evening: __________________________
E-Mail: ___________________________________________ Fax: ___________________________
You are: Student ___________________________ Faculty/Professional __________________

If this is a student proposal, it must have the program Dean/Director or Coordinator’s signature to indicate the student will attend the conference.

Required signature: ________________________________________________________

Co-Presenters (if any): Please print name and institution of each and indicate student presenters with asterisks:
________________________________________________________________________

Please check the type of session you are proposing:

General Session ______ Idea Exchange ______ Small College ______
Book Talk ______ Large University ______ Symposia ______
Conversations ______ Mid Size Institution ______ Teaching & Learning ______
Diversity ______ Poster Session ______ Two Year College ______

In the space below, please provide a brief (50-word maximum) description of session format and content:
________________________________________________________________________

Return this form, postmarked by April 19, 2002, via first-class mail only to:
NCHC, Radford University, Box 7017, Radford, VA 24142-7017.
Late proposals will not be accepted.

Audio-Visual Request Form on Back - Please fill this out if you will need A-V equipment for your session.