



SCTA 2009 Convention Workshop Proposal Form

November 13-15, 2009
Coastal Carolina University
Conway, SC

Full consideration will be given to complete proposals received by September 25, 2009. After that date, programs are accepted at the discretion of the Program Committee. New proposals cannot be accepted after October 1, 2009. Please write clearly or type.

Audience for which you are submitting a proposal (check all that apply):

- Secondary School Theatre Educators
 College/University Theatre Educators
 Theatre for Youth/K-8 Educators
 High School Students
 College/University Students
 Theatre for Youth/K-8 students
 Professional Theatre
 Community Theatre

Proposed Session Information:

Program Title: _____

Desired Length of Session:
 60 min.
 1 hr. 20 min.
 Minimum Acceptable length: _____

Program Format:
 Panel
 Workshop
 Performance
 Speaker

Preferred Date and Time: _____ Second Choice: _____

Requirements for Session: _____

Proposed Session Presider Information:

Presider's Name: _____

Affiliation: _____

Mailing Address: _____

Work Phone: _____ Home Phone: _____

Fax: _____ E-mail: _____

Additional Information:

In addition to this form, please submit the following information:

1. A list of all participants that includes their affiliation, address, phone number and e-mail address. Please include full mailing addresses so individuals can receive convention mailings and program information.
2. A one-page description that describes the content and structure of your proposed session, the qualifications of the participants, and how the session will benefit SCTA members by being included in the convention.
3. A brief description (approx. 25 words) of the proposed session for use in the convention program.

Proposal submitted by:

Name: _____

Address: _____

Work Phone: _____

Fax: _____

Home Phone: _____

Fax: _____

I have confirmed this program with all of the participants: _____

Signature: _____

Please return completed form and attachments to:

**Anne Lavelly
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Greenville, SC 29607**

E-mail: alavelly@greenville.k12.sc.us

Phone: 864-449-2568(c)

864-355-0164(w) Fax: 864-329-0241