

**CALL FOR SECTIONAL PROGRAMS
WSCA – 2011 CONFERENCE**

THE HEART OF ALL WSCA CONFERENCES WILL ALWAYS BE THE SHARING OF MATERIAL FROM SCHOOL COUNSELORS IN THE TRENCHES. THEREFORE, SPEAK OUT! SHARE YOUR LATEST, GREATEST, AT THE FEBRUARY 23, 24, AND 25, 2011, WSCA CONFERENCE BY DOING A SECTIONAL. **WE REQUIRE 3 COPIES OF PROGRAM PROPOSAL AND RESUME FROM AT LEAST ONE OF THE PRESENTERS FOR YOUR APPLICATION TO BE CONSIDERED.** (THESE ARE NEEDED FOR NBCC ACCREDITATION).

Criteria used for review and selection of program proposals will be based on the interest in topic, and clarity of proposal. Diverse and innovative programs are encouraged. Programs will be chosen that meet the needs of all levels of school counselors and other professionals and individuals interested in counseling. **Conference sectionals will be one hour long.**

NOTE: Presentations encouraging purchase of books, materials or services will be noted.
DEADLINE FOR PROPOSAL SUBMISSION IS: NOVEMBER 12, 2010

Send the information to: Ann Fuerbringer, 1162 Auburn Road, West Bend, WI 53090,
Work Phone: 262.644.8037 Home Phone: 262.334.6135 Fax: 262.644.1936

Targeted Audience: (Circle the level that **BEST** applies) K-5 6-8 9-12 K-8 K-12 Post Secondary

Program Title: _____

Please **print** or **type** a short Program Description (75 word limit, if over, we reserve the right to edit) to be **included** in the conference booklet if your sectional is chosen _____

Presenter 1 (Contact person). Please type or print the information. Please include an e-mail address because it will be used as the primary form of communication and unless otherwise specified, correspondence will be mailed to your home address.

Name _____ **E-mail Address** _____

Job Title _____ Employer _____

Home Phone () _____ Work Phone () _____

Home Address _____ City _____ State _____ Zip _____

Work Address _____ City _____ State _____ Zip _____

A-V Equipment provided at NO cost to presenters. A-V Equipment needs, please check *
_____ VCR/TV Monitor _____ DVD/TV Monitor _____ Screen Only

***NOTE:** The conference committee is responsible for A-V equipment **ONLY** if **YOU** check the information on the CALL FOR SECTIONAL PROGRAM form. **We can only supply what is on the list above.**

Presenter 2

Name _____ **E-mail Address** _____

Job Title _____ Employer _____

Work Address _____ City _____ State _____ Zip _____

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