

# Art Supervisors Association Professional Development / 2012-13 Workshop Proposal Form

Carol Oberlander – ASA Workshop Coordinator  
3 Harmony Road, Huntington, NY 11743 631 367-4514  
caroloberlander@hotmail.com

**Proposed Workshop Title:** \_\_\_\_\_

**Presenter:** \_\_\_\_\_ - Your Name

**Month Of Presentation:** Sept Oct Nov Dec Jan Feb Mar Apl / Any / Fall only / Winter only  
(Circle One)

**Time:** 4:00 – 6:00 pm

**Proposed Site:** School –  
District -  
Session Location/Room –

**Class Size Limit:** None or Limit Of \_\_\_\_\_ (Pick one)

**(Note: Proposal will only be accepted from schools participating in the ASA/BOCES series)**

**Please print clearly or type. Thank you.**

**Session Description: (In approximate 4 - 6 lines) This will be included on website**

**About the Clinician: (In approximate 4 - 6 lines) This will be included on website**

-----  
**DUE DATE: Friday, April 6, 2012**

**Contact Information:**

School Address: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax No. \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Home Fax No. \_\_\_\_\_

Cell Number; \_\_ (\_\_\_\_) \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

School E-Mail Address: \_\_\_\_\_

Send this form to: **Carol Oberlander**  
**3 Harmony Road**  
**Huntington NY 11743**

**Questions? – Call Carol Oberlander at 631 367-4514**