

Fall 2009 WASFAA Conference  
Chula Vista Resort, Wisconsin Dells  
November 4—6

Interest Session Proposal  
(please use a separate form for each proposal)

***Session Title:***

***Description of Session:***

***Type of Session:*** \_\_\_ Panel \_\_\_ Professional Presentation \_\_\_ Open Dialogue

***Audio/Visual Equipment Needs:*** (if unknown at this time, please leave blank and we will follow up later)

***Session Presenter 1:***

*Name:*

*Title:*

*Institution*

*Phone:*

*E-mail Address:*

***Session Presenter 2:***

*Name:*

*Title:*

*Institution*

*Phone:*

*E-mail Address:*

**Proposals should be submitted to [Sue Minzlaff](#) (fax 414.229.5699) or [Jo Woodward](#) (715)531-0278. Email is preferred, but faxes are accepted.  
Thanks for your input!**

Committee Use Only	
Day and Date: _____	
Time: _____ a.m. or p.m.	
Room: _____	Moderator: _____ Phone: _____