

2008 AMIA Workshop Proposal Form

1. Call For Workshop Proposals

The Conference/Program Committee invites submissions for Workshop proposals for the 2008 AMIA Conference in Savannah, Georgia. We encourage you to participate in the creation of a program that includes a wide variety of topics, cutting-edge discussions of technology, a balance of theory and practice, and invite new ideas and concepts that may stimulate additional interest, involvement and educational benefit. The program should address topics of concern to diverse perspectives and constituencies and to archivists at all levels of experience.

Workshops are limited-enrollment session of half day or full day, usually designed to teach or refine skills.

In considering the goals of the session and the program as a whole, the Program Committee and the Peer Review Group may recommend revisions to workshop proposals as a condition of acceptance

IMPORTANT NOTE: You must complete each page of the proposal form. Incomplete proposals will not be considered.

THERE IS NO PRINT OPTION for the Proposal Form. You may choose to print the individual pages of your form as you go from your browser print options, but once the form is submitted it will not be possible for you to review or print your Proposal.

* 1. Proposer Information

Name:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP/Postal Code:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

* 2. WORKSHOP TITLE

The title should reflect the content of your presentation and should not exceed 10 words.

* 3. WORKSHOP LENGTH

Half Day

Full Day

Other (please specify)

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2. SESSION DESCRIPTION

* 4. CONTENT DESCRIPTION (150 words or fewer)

Concisely state the workshop focus and how it will be addressed. Does the title match the content description? What will the attendees learn? What about your proposed workshop is unique, new, and of value?

* 5. AUDIENCE FOR THE SESSION (3-5 sentences)

At what level of experience is the session targeted? Are the content and knowledge/skill sets appropriate to the intended audience? How will the audience interact with the presenters? What method(s) will the participants use to engage the audience?

* 6. OUTCOMES OF THIS WORKSHOP (3-5 sentences)

What specific, measurable knowledge or skill sets will attendees know or be able to do after the session?

* 7. CONTENT DESCRIPTION ABSTRACT (75 words or fewer)

Drawing information from above write an engaging description of your workshop for publication in the Preliminary Program. Stress the focus, value, and objectives of the session. (Final editing for publication may be revised by the Program Committee.)

* 8. AUDIOVISUAL REQUIREMENTS

Powerpoint capability (projector, screen, sound) is the ONLY audiovisual provided in all meeting rooms. Participants must provide their own laptops.

List any other needs, but please be aware that AV rental is costly and will be limited. If you are requesting additional audiovisual equipment it is important that you note whether or not you will be able to proceed with the session should the equipment you have requested not be available.

If no other AV equipment is necessary, please indicate NONE in the provided space.

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3. WORKSHOP COSTS

Fees for workshop attendance are set by the Conference Committee based on direct workshop costs and other administrative expenses. Please complete the following so that the cost of the workshop, as well as the minimum number of attendees, can be set.

* 9. OTHER REQUIREMENTS

Please list any other requirements for your workshop, including, but not limited to any requirements for specialized equipment, handouts, shipping travel or other funding, venue specifications, or special seating. If none, please type NONE.

* 10. COSTS

Please list a cost estimate for each requirement listed above. If none, please type NONE.

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4. WORKSHOP PARTICIPANTS - CHAIR

Please complete information about each participant.

* 11. WORKSHOP CHAIR

The Chair will be responsible for contact with the Conference Committee as well as the workshop speakers.

Name:

Institution:

Address:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

* 12. WORKSHOP CHAIR

	Yes	No	I don't know
Will be speaking as part of workshop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contacted and has agreed to participate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in another session or workshop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AMIA member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Information	<input type="text"/>		

* 13. WORKSHOP CHAIR

If the chair is speaking, please indicate the paper title or very short description of content the speaker will be addressing.

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5. SESSION PARTICIPANTS - SESSION SPEAKER/CO-CHAIR

Please complete information about each participant.

14. SPEAKER/CO-CHAIR

Name:

Institution:

Address:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

15. WORKSHOP SPEAKER/CO-CHAIR

	Yes	No	I don't know
Will serve as Co-Chair for the workshop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will be speaking as part of workshop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contacted and has agreed to participate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in another session or workshop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AMIA member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Information

16. WORKSHOP SPEAKER/CO-CHAIR

Please indicate the paper title or very short description of content the speaker will be addressing.

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17. SPEAKER TWO

Name:

Institution:

Address:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

18. SPEAKER TWO

	Yes	No	I don't know
Contacted and has agreed to participate?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Participating in another session?	<input type="text"/>	<input type="text"/>	<input type="text"/>
AMIA member?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Information

19. SPEAKER TWO

Please indicate the paper title or very short description of content the speaker will be addressing.

20. SPEAKER THREE

Name:

Institution:

Address:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

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21. SPEAKER THREE

	Yes	No	I don't know
Contacted and has agreed to participate?	jn	jn	jn
Participating in another session?	jn	jn	jn
AMIA member?	jn	jn	jn

Additional Information

22. SPEAKER THREE

Please indicate the paper title or very short description of content the speaker will be addressing.

23. SPEAKER FOUR

Name:

Institution:

Address:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

24. SPEAKER FOUR

	Yes	No	I don't know
Contacted and has agreed to participate?	jn	jn	jn
Participating in another session?	jn	jn	jn
AMIA member?	jn	jn	jn

Additional Information

25. SPEAKER FOUR

Please indicate the paper title or very short description of content the speaker will be addressing.