

# 1. Call For Session Proposals

The AMIA Conference Committee invites submissions for session proposals for the 2010 AMIA/IASA Conference in Philadelphia, PA. 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.

In considering the goals of the session and the program as a whole, the program group and peer review panel members may recommend revisions to session proposals as a condition of acceptance.

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

Because of the information necessary to complete the form, we recommend that you download a copy of the form so that you may review and prepare to fill out the online submission.

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- \* 1. The conference will offer four parallel session tracks, two on typically AMIA-issues, one on typically IASA-issues, and one with subjects of common interest (attendees from both AMIA and IASA will be free to attend all sessions).

Please consider this proposal for:

Common AMIA/IASA Session [deadline: February 22, 2010]

AMIA Session [deadline: March 30, 2010]

## \* 2. Proposer Information

Name:

Company:

Address:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

## \* 3. SESSION TITLE

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

\* 4. SESSION TYPE

you may request one of the following. For descriptions of each session type, visit [amiaconference.com/2009/proposal\\_information.htm](http://amiaconference.com/2009/proposal_information.htm).

Report/Paper Presentation

Panel Discussion

Poster

Other

Other (please provide description of format)

5. Notes: Please include any additional information about format or length of session.

6. Length of Session Requested

30 minutes

60 minutes

90 minutes

Other (please specify)

## 2. SESSION DESCRIPTION

\* 7. CONTENT DESCRIPTION FOR PEER REVIEW (300 words or fewer)

Concisely state the session focus and how it will be addressed. Does the title match the content description? What will the attendees learn? What about your proposed session is unique, new, and of value? How will each speaker add to the presentation? This description will be used by the Peer Review panel to evaluate proposals.

\* 8. SESSION ABSTRACT FOR PRINTED PROGRAM (75 words or fewer)

Drawing information from above write an engaging description of your session for publication. Stress the focus, value, and objectives of the session. This is the description that will be printed in the Program.

\* 9. 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?

\* 10. OUTCOMES OF THIS SESSION (3-5 sentences)

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

\* 11. AUDIOVISUAL REQUIREMENTS & REQUESTS

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 additional AV is required, please answer NONE in the provided space.

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ESTIMATED COST OF SESSION

This section is for additional estimated costs for your proposal. This includes equipment, handouts, or any other expense for your proposed session.

If you are requesting additional funding of any kind it is important that you note whether or not you will be able to proceed with the session should the funding you have requested not be available.

Please note: Speakers or other participants in the program must register and secure institutional or personal funding. AMIA session funding is extremely limited, and while you may request funding for speakers (below) it is important that your proposal is not reliant on travel funding.

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\* 12. OTHER REQUIREMENTS

Please list any other requirements for your session, including, but not limited to, any requirements for specialized equipment, travel, venue specifications or other funding. More information on Other Requirements can be found on the Proposal Information section of the website (<http://www.amiaconference.com/2010/proposals-info.htm>).

\* 13. COSTS

Please list a cost estimate for EACH requirement listed above. If cost estimates are not included in your request, or if they are not broken out by each type of expense, they cannot be considered.

If none, please type NONE.

### 3. SESSION PARTICIPANTS - SESSION CHAIR

Please complete information about the session chair. The session chair serves as the point of contact for the session.

\* 14. SESSION CHAIR

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

\* 15. SESSION CHAIR

	Yes	No	I don't know
Will serve as Chair for the session?	jñ	jñ	jñ
Will be speaking as part of session?	jñ	jñ	jñ
Contacted and has agreed to participate?	jñ	jñ	jñ
Participating in another session?	jñ	jñ	jñ
AMIA member?	jñ	jñ	jñ

Additional Information

\* 16. SESSION CHAIR

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

#### 4. SESSION PARTICIPANTS - SESSION SPEAKER/CO-CHAIR

Please complete information about each participant.

\* 17. SPEAKER/CO-CHAIR: If none, type NONE.

Name:

Institution:

Address:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

18. SPEAKER/CO-CHAIR

	Yes	No	I don't know
Will serve as Co-Chair for the session?	jñ	jñ	jñ
Will be speaking as part of session?	jñ	jñ	jñ
Contacted and has agreed to participate?	jñ	jñ	jñ
Participating in another session?	jñ	jñ	jñ

Additional Information

\* 19. SPEAKER/CO-CHAIR: If none, type NONE

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

\* 20. SPEAKER TWO: If none, type NONE

Name:

Institution:

Address:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

21. SPEAKER TWO

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

\* 22. SPEAKER TWO: If none, type NONE

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

\* 23. SPEAKER THREE: If none, type NONE

Name:

Institution:

Address:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

## 24. SPEAKER THREE

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

Additional Information

## \* 25. SPEAKER THREE: If none, type NONE

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

## \* 26. SPEAKER FOUR: If none, type NONE

Name:

Institution:

Address:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

## 27. SPEAKER FOUR

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

Additional Information

## \* 28. SPEAKER FOUR: If none, type NONE

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

IMPORTANT NOTE!!

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.