

Session Information

Note: this form should be submitted for EACH separate session

Overall Title of Series: _____

Title of this session: _____

This is session # ____ out of ____ total.

Number of presenters: _____

Presenter Names: _____

Give a brief description of what participants will learn:

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-
-
-
-

Give a brief outline of the session:

How will the session actively engage participants in learning?

Special Effects (check all that apply):

videotape

CD/ROM

presentationsoftware

slides

laserdisc

audioclip

transparency/overhead

computerdata

FAX

telephone

digitalvideo

