



If you are requesting more than one session, please mark the box below with the priority of this session.

PRIORITY OF THIS SESSION
[] 1 [] 2 [] 3

FOR NYSSMA USE ONLY
DAY:
HOURL:
ROOM:
SESSION #:
COMMITTEE/AFFILIATE:
CHAIRPERSON:

WINTER CONFERENCE SESSION REQUEST FORM
Submission Deadline - March 15, 2017

SESSION TITLE:

Person Submitting Form: email:

Phone (Home or Cell): Phone (S)

Clinician/Panelists: email:

Address: Street: City/State/Zip:

(For additional clinicians or panelists, please attach an additional sheet)

Check if session includes a performing group? []

Name of Performing Group: Director:

Number of Performers: Director's email: Phone:

(Reminder: You must have prior approval of President-Elect for your performing group)

[] Check if a piano is needed for this session.

My clinician is UNAVAILABLE for the below-marked session(s). I understand this might limit my opportunities.

- [] Thursday PM [] Friday AM [] Saturday AM
[] Friday PM [] Saturday PM

SESSION DESCRIPTION - NO MORE THAN 50 WORDS or 300 CHARACTERS

Which NYSSMA Committee or Affiliate best applies to this session? Select ONLY ONE.

Grid of checkboxes for session categories: Advocacy, Band, Brass, Choral, Classroom, Community Performance Ensembles, Composition/Improvisation, Curriculum, Emerging Ensembles, Higher Education, Instrumental Jazz, Marching Band, Music Therapy, Musical Theater, Percussion, Piano, Research, Special Learner, Strings, Technology, Tri-M, Vocal Jazz, Voice, Woodwind, ACDA, ASTA, NY-GIML, NY-SMTE, NYSACMP, NYSBDA, NYSNAME, NY/AMTA/MAR, PAS, NAFME-NYSSMA - Collegiate

Please email your electronically completed form to:
Michael Salzman, President Elect
presidentelect@nyssma.org

Handwritten or scanned session requests will not be accepted