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| Call for Proposals | |
|  | The NYSSMA Classroom Music Committee is looking for classroom music teachers, PreK thru 12, who are willing to propose an educational session for the Summer and/or Winter Conferences. Please consider sharing one of your favorite lessons or units of study with your colleagues across the state! |

**Winter Conference Proposals**

Session proposals for upcoming Winter Conferences must be submitted online. Please visit the NYSSMA website ([www.nyssma.org](http://www.nyssma.org)) for a link to Submittable. The link is usually available between January and mid-March. Please be sure to select “Classroom” if you are submitting a session for us!

**Summer Conference Proposals**

Session proposals for the upcoming Summer Conference may be submitted online through the following Survey Monkey link.

[**https://www.surveymonkey.com/r/RC7R55X**](https://www.surveymonkey.com/r/RC7R55X)



You may also fill out the form on the reverse side of this sheet. If submitting a handwritten form, please email your Summer Conference Proposal to the appropriate chair with the subject header “NYSSMA Summer Conference” by December 15th. You may also include sample handouts and/or a powerpoint for your session if you wish.

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| --- | --- |
| Early Childhood | Kim Kane [KaneK@canandaiguaschools.org](mailto:KaneK@canandaiguaschools.org) |
| Elementary | Donna Basile [donnabasile3@gmail.com](mailto:donnabasile3@gmail.com) |
| Secondary School | Anthony Femino [profmusic@gmail.com](mailto:profmusic@gmail.com)  Jennifer Rafferty [jrafferty@cortlandschools.org](mailto:jrafferty@cortlandschools.org) |
| Multi-level | Kerry Mero [kmero@boquetvalleycsd.org](mailto:kmero@boquetvalleycsd.org) |

NYSSMA Summer Conference

Classroom Music Session Proposal

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| **Session Information** | | |
| Title | |  |
| Clinician(s): | |  |
| Description  (max 50 words) | |  |
| Anticipated equipment requests: | |  |
| **Clinician Contact Information (for person submitting form)** | | |
| Name |  | |
| E-mail |  | |
| Phone |  | |
| School |  | |
| Position |  | |
| Address: |  | |

I am aware that in order to be a clinician, I must be a paid member of NAfME/NYSSMA

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_