

CALL FOR SESSION PROPOSALS

ILLINOIS MUSIC EDUCATORS ASSOCIATION ALL-STATE CONFERENCE - 2011 January 26 - 29, 2011

The Illinois Music Educators Association is issuing a call for session proposals for presentation at the 2011 Illinois Music Educators Association All-State Conference. If you would like to submit a proposal, please complete the form below and mail it to: Illinois Music Educators Association, All-State Clinic Proposal, 18700 Wolf Road - Suite 208, Mokena, IL 60448-8603. **The deadline for receipt is May 1, 2010.**

All clinic proposals will be reviewed by a committee of the appropriate Division or Special Area with invitations to appear on the IMEA All-State program extended by July 1, 2010. Contribution to the entire content of the conference program will be one of the determining factors in the final selection. If accepted, the session may be scheduled on any day, at any time, and in any location as determined by the All-State Planning Committee.

2011 CLINIC SESSION PROPOSAL

TITLE: _____

CONTENT/SUBJECT: _____

RELEVANT DIVISION/SPECIAL AREA (Check All That Apply)

- | | |
|---|--|
| <input type="checkbox"/> General Interest (All Divisions and Areas) | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Band | <input type="checkbox"/> Early Childhood |
| <input type="checkbox"/> Chorus | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Multicultural Education |
| <input type="checkbox"/> Orchestra | <input type="checkbox"/> Retired Music Educators |
| <input type="checkbox"/> Music Teacher Education | <input type="checkbox"/> Special Learners |
| <input type="checkbox"/> Junior High/Elementary Music | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Secondary General Music | <input type="checkbox"/> Other: _____ |

TYPE OF SESSION: [] Clinic [] Panel [] Demonstration [] Other

CLINICIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ EMAIL: _____

SESSION DESCRIPTION (Detailed - Attach Additional Page(s) As Needed. If Demonstration, include demonstration group/ensemble size and information. **ALL DEMONSTRATION ENSEMBLES** are required to also submit a Performance Application with "Clinic/Demonstration" option selected):

To be considered, it is understood that I **am** currently, and **will remain**, a member, in good standing, of MENC.

NAME (Please Print): _____

MENC I.D. #: _____ Exp. Date: _____