

**KEHA ANNUAL MEETING
LEARNING SESSION/WORKSHOP PROPOSAL FORM**

Send this form to: Henrietta Sheffel, KEHA 1st Vice President, 1801 Little Creek Road, Jackson, KY 41339.

Deadline: **October 15**

Contact Person: _____

Address: _____

Telephone: _____

Email: _____

Title of Session (as you would like it printed):

Description of Session:

Cost per person attending: _____ Cost for additional kits: _____

Please provide your preferred number of attendees. _____ Minimum _____ Maximum

Please indicate if you will need any of the following:

Tables _____ Screen _____ Electricity _____

I will furnish my own display, supplies, AV equipment, etc. Please let us know what you will be bringing so we may assign the proper space.

KEHA will not be held responsible for injury, damage, accidents, theft, or breakage to materials or persons presenting at the KEHA Annual Meeting. I understand and will comply with the above terms and regulations set forth in this agreement.

Signature _____ Date _____

Organization _____

Would you be willing to share your presentation and/or handouts to be posted on the KEHA website (www.keha.org) following your session? _____ Yes _____ No