

**MMEA In-Service Conference  
University of Maine, Orono  
May 17 & 18, 2012  
Workshop Proposal**

**Clinician's Name(s):** \_\_\_\_\_

*Please attach a bio of 100 words or less.*

**MENC Membership Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School (or other employment):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Clinic Title:** \_\_\_\_\_

**Category:**

\_\_\_ Band \_\_\_ Chorus \_\_\_ General Music \_\_\_ Jazz \_\_\_ Strings \_\_\_ Technology \_\_\_ Other (explain)

**Description of Presentation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you presented this clinic before?** \_\_\_ Yes \_\_\_ No.

If yes, when and where? \_\_\_\_\_

**List ALL equipment that you would require MMEA to provide:**

\_\_\_\_\_

\_\_\_\_\_

**Preferred Date:**

\_\_\_ Thursday, May 17, 2012

\_\_\_ Friday, May 18, 2012

**Preferred length** (approx. 60 minutes) \_\_\_ Other? \_\_\_ Minutes

**Would you need two or more time periods to complete the clinic?** \_\_\_\_\_ **How many?** \_\_\_

**Would you be willing to present the same workshop twice?** \_\_\_\_\_

**Financial Remuneration:** MMEA provides an honorarium of \$75 for each workshop plus free registration for clinicians who are members of MMEA and for out-of-state clinicians. If any clinician needs further financial assistance in order to be able to share his/her expertise please indicate below. (All other expense estimates must be included if applicable.)

\_\_\_\_\_

**Return this form, by November 15 to:**  
Nancy Cash-Cobb, *MMEA Conference Coordinator*  
46 Snow Hill RD., New Gloucester, ME 04260

Applicants will be notified of acceptance by February 1, 2012.