

Foreign Language Association of Virginia  
 FLAVA CONFERENCE 2009: Oct. 8-9, 2010

**No Borders: The World in Virginia**

Holiday Inn Select Koger South Conference Center  
 Richmond, Virginia

**Deadline:  
 May 1, 2010  
 Late submissions  
 may not appear  
 in the program.**

Session Proposal  
 Online proposal form available at  
[www.flavaweb.org](http://www.flavaweb.org)

**Deadline:  
 May 1, 2010**

ALL INFORMATION MUST BE TYPED or PRINTED.

Proposed Session Title: \_\_\_\_\_

<b>Session Format</b>	<input type="checkbox"/> Presentation	<input type="checkbox"/> Discussion	<input type="checkbox"/> Panel	<input type="checkbox"/> Workshop
<b>Session Length</b>	<input type="checkbox"/> 50 minutes maximum	<b>Day</b>	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

Session Description (not to exceed 50 words):

The reviewers reserve the right to edit the session description if necessary.


Bullet three things that session participants will learn:

The following equipment is available upon request. Please indicate if needed:

- Overhead Projector     Screen     TV/VCR

**Computers, laser disk players and projection panels or media projectors cannot be provided by FLAVA.**

<b>Focus:</b> <input type="checkbox"/> All languages <input type="checkbox"/> ASL <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Japanese <input type="checkbox"/> Latin <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<b>Audience:</b> <input type="checkbox"/> elementary <input type="checkbox"/> middle grades <input type="checkbox"/> secondary <input type="checkbox"/> post-secondary <input type="checkbox"/> supervisors <input type="checkbox"/> all levels	<b>Language of Presentation:</b> <input type="checkbox"/> English <input type="checkbox"/> Other _____ (specify)	<b>Check one box:</b> <input type="checkbox"/> Publisher's session <input type="checkbox"/> Exhibitor/Vendor's session <input type="checkbox"/> Consultant <input type="checkbox"/> Instructor <input type="checkbox"/> Supervisor <input type="checkbox"/> Other: _____ (specify)
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Submit one (1)  
 electronic copy  
 or six(6) paper  
 copies to 

Linda L. Szwabowski, FLAVA Program Chair  
 707 Coralview Terrace  
 Midlothian, VA 23114  
[lszwab@gmail.com](mailto:lszwab@gmail.com)

Each presenter on a team or panel must complete the following information. The **principal\_presenter** is **responsible** for submitting all forms together and on time. **No presentation may have more than three (3) participants.**

**Presenter #1:** \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_ Phone(\_\_\_\_\_)\_\_\_\_\_

School/Company: \_\_\_\_\_ FAX (\_\_\_\_\_)\_\_\_\_\_

Principal/Headmaster/Other Title: \_\_\_\_\_

School/Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_ Phone(\_\_\_\_\_)\_\_\_\_\_

School/Company: \_\_\_\_\_ FAX (\_\_\_\_\_)\_\_\_\_\_

**Presenter #2:** \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_ Phone(\_\_\_\_\_)\_\_\_\_\_

School/Company: \_\_\_\_\_ FAX (\_\_\_\_\_)\_\_\_\_\_

Principal/Headmaster/Other Title: \_\_\_\_\_

School/Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_ Phone(\_\_\_\_\_)\_\_\_\_\_

School/Company: \_\_\_\_\_ FAX (\_\_\_\_\_)\_\_\_\_\_

**Presenter #3:** \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_ Phone(\_\_\_\_\_)\_\_\_\_\_

School/Company: \_\_\_\_\_ FAX (\_\_\_\_\_)\_\_\_\_\_

Principal/Headmaster/Other Title: \_\_\_\_\_

School/Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_ Phone(\_\_\_\_\_)\_\_\_\_\_

School/Company: \_\_\_\_\_ FAX (\_\_\_\_\_)\_\_\_\_\_