

NASSAU NYSCAME

Professional Development / 2019-20 Workshop Proposal Form

Kevin R. Bayen & Dr. Brian Zuar, Co-Directors of Staff Development
24 Lincoln Street, Farmingdale, NY 11735
516-445-9507

Proposed Workshop Title: _____

Presenter: _____ - Your Name _____

Month & Date of Presentation: Sept. _____ Oct. _____ Nov. _____

Time: 4:00 – 6:00 pm

Proposed Site: School –
District -
Session Location/Room –

Class Size Limit: None or Limit Of _____ (Pick one)

(Note: Proposal will only be accepted from schools participating in the NYSCAME/BOCES series)

Session Description: (In approximate 4 - 6 lines)

About the Clinician: (In approximate 4 - 6 lines)

DUE DATE: June 1, 2019

Contact Information:

School Address: _____

School Phone Number: _____ School Fax No. _____

Home Address: _____

Home Phone Number: _____ Home Fax No. _____

Cell Number; (____) _____

Home E-Mail Address: _____

School E-Mail Address: _____

Send to: Kevin Bayen
24 Lincoln Street
Farmingdale, NY 11735
Kbayen7@gmail.com
516-445-9507