



## **Presentation Proposal**

**Session Title:**

**Presenter(s):**

Name:

Title:

Organization:

Phone:

Fax:

E-mail

Name:

Title:

Organization:

Phone:

Fax:

E-mail

**Description: (Please provide a short description of the proposed session)**

**Audio/visual/technology requirements:**

**Please complete and return this form to Elizabeth Ewing by Friday March 19, 2010.**

**E-mail: [ewing@vsba.org](mailto:ewing@vsba.org)      fax:      434-295-8785**

**questions? call 434-295-8722**