

# WORKSHOP PRESENTERS FORM



8<sup>th</sup> Annual  
NHEA Convention  
March 27 & 28, 2007  
Chaminade University of Honolulu  
[www.nhea.net](http://www.nhea.net)

- **All presenters and co-presenters must pay registration fee.** (Complete and submit a separate registration form for each presenter/co-presenter.)
- The Association is promoting workshops which embrace Hawaiian education efforts. Presenters are encouraged to provide strategies that are practical and immediately applicable.
- All workshops will be 60 minutes long.
- Handouts: Bring at least 50 copies of materials for participants. Copy services will NOT be available at the Convention.

## LEAD PRESENTERS INFORMATION

Last Name	First Name	Middle Initial	Home Phone
Title	Institutional Affiliation (if any)		Work Phone
Street Address	City	State	Zip
			FAX
E-mail Address			

## CO-PRESENTER(S) INFORMATION

List Co-Presenter Name(s) and Title(s):

## WORKSHOP TITLE (as it will appear in conference materials)

## WORKSHOP DESCRIPTION (100 words or less; as it will appear in conference materials)

## WORKSHOP LANGUAGE

Are you willing/able to present your workshop in the Hawaiian Language?  Yes  No

## PRESENTATION FORMAT

Check only one from the list below:

- |  |   |
|--|---|
| <input type="checkbox"/> Panel Discussion    | <input type="checkbox"/> Lecture                      |
| <input type="checkbox"/> Hands-On Activities | <input type="checkbox"/> Facilitated Group Discussion |
| <input type="checkbox"/> Other: (specify):   |   |

## PRESENTATION CATEGORIES

Check one of the following:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Health   | <input type="checkbox"/> Early Childhood  | <input type="checkbox"/> Assessments, Testing, Outcomes                | <input type="checkbox"/> Cultural Education |
| <input type="checkbox"/> Families/Lifelong Learning                       | <input type="checkbox"/> The Politics of Education  | <input type="checkbox"/> Educational Grants/Funding Opportunities      | <input type="checkbox"/> Research           |
| <input type="checkbox"/> Higher Education                                 | <input type="checkbox"/> Charter Schools  | <input type="checkbox"/> Teaching/Learning Through Modern Technologies | <input type="checkbox"/> Hawaiian Language  |
| <input type="checkbox"/> Teaching Practices for Hawaiian children in K-12 | <input type="checkbox"/> Developing, Writing, Publishing and Distributing Educational Materials |  |   |

## INTENDED AUDIENCE(S)

This workshop would be appropriate for: (check all that apply)

- |                                   |   |                                       |
|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Teachers | <input type="checkbox"/> Administrators | <input type="checkbox"/> Parents      |
| <input type="checkbox"/> Students | <input type="checkbox"/> Kūpuna         | <input type="checkbox"/> Other: _____ |

## AUDIO-VISUAL EQUIPMENT NEEDS

Please indicate any audio-visual needs you have for your presentation. **NOTE:** We will try to accommodate equipment requests, but cannot guarantee availability of equipment. (Presenters will need to provide their own portable computer, easel paper, and office supplies.) If you have special requests, please indicate in the space below or on a separate sheet of paper:

- |                                       |  |   |   |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> Television   | <input type="checkbox"/> Video-cassette player/VCR | <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Data Projector |
| <input type="checkbox"/> Other: _____ |  |   |   |

Special AV Equipment Needs:

## PRESENTER AVAILABILITY

Please indicate your availability/preference for presenting this workshop. While efforts will be made to accommodate all requests, scheduling conflicts may prevent us from providing you with your first choice.

For each date, please indicate your availability:

	NOT AVAILABLE	AVAILABLE ALL DAY	Available only during specific times: (please specify)
<b>Tuesday, March 27</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wednesday, March 28</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am available/willing to provide this same workshop multiple times. Number of times: \_\_\_\_\_

E HO'I I KA PIKO ALOHA



Return to Cultural Honor and Caring NHEA 2007

Return this form by  
**February 15, 2007** to:

Keikilani Meyer  
458 Keawe St  
Honolulu, Hawai'i 96813  
FAX: (808) 524-3744

Deadline for Workshop Presenters is  
**February 15, 2007**

For questions about workshops, contact:  
**Keikilani Meyer**  
(808) 348-3925