



# TORAH UMESORAH

*Sponsored by the National Conference of Yeshiva Principals*

## 56<sup>th</sup> ANNUAL NATIONAL LEADERSHIP CONVENTION

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WEDNESDAY – SUNDAY May 16 - 20, 2012 24- 28 IYAR 5772

### **A CALL FOR PAPERS**

Kindly complete this form for each session recommended (one session per form). Please feel free to recommend yourself or a colleague (with his/her permission only).

**PLEASE NOTE:** Since this is a self-sustaining convention, **it will be necessary for all presenters and participants to register and pay the convention fees**. As an expression of appreciation, the \$60 registration fee (per delegate family) is waived for all presenters, upon acceptance.

**DEADLINE FOR SUBMISSION: THURSDAY, MARCH 15, 2012**

### **Presenter Information:**

**Title:**  Rabbi  Dr.  Mr.  Rebbetzin  Mrs.  Ms.

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

#### **Additional Presenter(s):**

**Title:**  Rabbi  Dr.  Mr.  Rebbetzin  Mrs.  Ms.

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Title:**  Rabbi  Dr.  Mr.  Rebbetzin  Mrs.  Ms.

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**School/ Organization Affiliation:** \_\_\_\_\_

**Job Title:** *(as it should appear on Convention Program, e.g. Rabbi Ploni Almoni, Principal, Yeshiva Bais Hillel, Brooklyn, NY/Mrs. Plonit Almonit, Director of Jewish Studies, Miami FL)*

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Business phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Home phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Cell phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Fax:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

## **A CALL FOR PAPERS**

### **Session Information- Technical:**

**For which audience is the presentation designed?** *(Check one or more.)*

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Principals<br><input type="checkbox"/> Boys' Elementary Schools<br><input type="checkbox"/> Boys' Mesivtos/ High Schools<br><input type="checkbox"/> Girls' Elementary Schools<br><input type="checkbox"/> Girls' High Schools<br><input type="checkbox"/> Girls' Elementary Schools<br><input type="checkbox"/> Grades 1-3<br><input type="checkbox"/> Grades 4-6<br><input type="checkbox"/> Grades 7-8<br><input type="checkbox"/> Boys' Elementary Schools<br><input type="checkbox"/> Grades 1-3<br><input type="checkbox"/> Grades 4-6<br><input type="checkbox"/> Grades 7-8<br><input type="checkbox"/> Girls' High Schools<br><input type="checkbox"/> Boys' Mesivtos/ High Schools<br><input type="checkbox"/> Chadorim<br><input type="checkbox"/> Yiddish-speaking schools | <input type="checkbox"/> General Studies departments<br><input type="checkbox"/> Boys' Elementary Schools<br><input type="checkbox"/> Boys' Mesivtos/High Schools<br><input type="checkbox"/> Girls' Elementary Schools<br><input type="checkbox"/> Girls' High Schools<br><input type="checkbox"/> Special Education<br><input type="checkbox"/> Boys' Elementary Schools<br><input type="checkbox"/> Boys' Mesivtos/High Schools<br><input type="checkbox"/> Girls' Elementary Schools<br><input type="checkbox"/> Girls' High Schools<br><input type="checkbox"/> Yeshiva/Day Schools<br><input type="checkbox"/> Pre-School Departments<br><input type="checkbox"/> General Audience<br><input type="checkbox"/> Other:<br>_____<br>_____<br>_____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Suggested Audience Level:** *(Please check one)*

 Beginner

 Advanced

 Other: \_\_\_\_\_

**Format of the session:** *(Please check one)*

 Lecture

 Hands-on workshop

 Roundtable discussion

**Session will require the following:** *(Please check one or more – please be specific.)*

 Podium

 Overhead projector

 LCD Projector

 Screen

 Easels/ Flipcharts/ Whiteboard & Markers

 Tables for presenter(s):    1       2       3       4

 Handouts – **(only if received in Torah Umesorah office by Thursday, April 18<sup>th</sup>, 2012)**

**Schedule – indicate your preference, in rank order, for presenting at the Convention:**

- |                        |                                    |                                      |                                      |                                    |
|------------------------|------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|
| <b>1<sup>st</sup>:</b> | <input type="checkbox"/> Friday AM | <input type="checkbox"/> Friday PM 1 | <input type="checkbox"/> Friday PM 2 | <input type="checkbox"/> Sunday AM |
| <b>2<sup>nd</sup>:</b> | <input type="checkbox"/> Friday AM | <input type="checkbox"/> Friday PM 1 | <input type="checkbox"/> Friday PM 2 | <input type="checkbox"/> Sunday AM |
| <b>3<sup>rd</sup>:</b> | <input type="checkbox"/> Friday AM | <input type="checkbox"/> Friday PM 1 | <input type="checkbox"/> Friday PM 2 | <input type="checkbox"/> Sunday AM |
| <b>4<sup>th</sup>:</b> | <input type="checkbox"/> Friday AM | <input type="checkbox"/> Friday PM 1 | <input type="checkbox"/> Friday PM 2 | <input type="checkbox"/> Sunday AM |

## **Session Information - Informational:**

**Please note: All sessions will be allotted approximately 1hr, 15min of time for presentation.**

**Title of presentation:** \_\_\_\_\_

**Please provide a description of the proposed session (to be included into the session description booklet upon acceptance – no more than 250 words).**

**Please provide a biography for each presenter (to be included into the session description booklet upon acceptance – no more than 250 words).**

**What will the participants gain in skills and knowledge by participating in this session?**

### **PLEASE INDICATE:**

- [ ] My business phone number may be distributed to participants of my workshop.
- [ ] My cell phone number may be distributed to participants of my workshop.
- [ ] My email address may be distributed to participants of my workshop.

**Session recommended by:** *(If other than self, please provide name & phone number.)*

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mail form to:**

*Torah Umesorah, 56<sup>th</sup> Annual Convention ~ 1090 Coney Island Ave, 3rd Floor ~ Brooklyn, NY 11230  
Phone: 212-227-1000 ~ Fax: 212-406-6934 – Attention: Convention Office*