



Illinois Music Education Conference Call for Session Proposals

Illinois Music Education Conference | January 23–26, 2013

The Illinois Music Educators Association is issuing a call for session for clinic session proposals for the 2013 Illinois Music Education Conference. If you would like to submit a proposal, please complete this form and submit it to: Illinois Music Educators Association–IMEC Session Proposal, 18700 Wolf Road–Suite 208, Mokena, IL 60448-8603.

The deadline for receipt is March 1, 2012.

All clinic proposals will be reviewed by a committee of the appropriate Division or Special Area with invitations to appear on the IMEC program extended by **May, 1, 2012**. Contribution to the entire content of the conference program will be one of the determining factors in the final selection. If accepted, the session may be scheduled on any day, at any time, and in any location as determined by the Conference Planning Committee.

Type of Session: Clinic Panel Demonstration* Other

* If Demonstration, include demonstration group/ensemble size and information in the Session Description.

ALL DEMONSTRATION ENSEMBLES are **REQUIRED** to also submit a Performance Application with "Clinic/Demonstration" option selected. Both the Clinic Session Proposal Form and the Application for Performance should be submitted together.

Division/Special Area (Check Up to Three):

- | | |
|---|---|
| <input type="checkbox"/> General Interest (All Divisions and Areas) | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Band | <input type="checkbox"/> Early Childhood |
| <input type="checkbox"/> Chorus | <input type="checkbox"/> Learners with Exceptionalities |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Orchestra | <input type="checkbox"/> Multicultural Education |
| <input type="checkbox"/> Music Teacher Education | <input type="checkbox"/> Research |
| <input type="checkbox"/> Elementary Music General Music | <input type="checkbox"/> Retired Music Educators |
| <input type="checkbox"/> Junior High General Music | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Secondary General Music | <input type="checkbox"/> Other _____ |

Title _____

Clinician _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Additional Clinicians _____
(If Applicable)

Sponsor _____ Sponsor Contact _____
(If Applicable)

Session Description—attach additional page(s) as needed:

To be considered, it is understood that I am, and will continue to be, a member of NAFME.

Name (please print) _____

MENC ID# _____ Expiration Date _____