



**National Association
for Music Education**

Professional Development Proposal Submission Form

The strategic plan adopted by the National Executive Board of the National Association for Music Education includes a direction to serve the profession and the music educator by engaging music educators in association programs, projects, events, and professional development opportunities that serve not only their needs, but those of their students and the profession as well. Therefore, NAFME will provide resources, materials, publications, and virtual learning opportunities to further professional and personal development to its members. Proposals for professional development activities are encouraged.

INSTRUCTIONS: Complete a separate submission form for each professional development activity proposed. Keep a copy of completed form for your records. Send completed form to: National Association for Music Education, Attention: PDC, 1806 Robert Fulton Drive, Reston, VA 20191, Fax: 703-860-4826, sandyf@nafme.org.

SECTION 1 – PROFESSIONAL DEVELOPMENT ACTIVITY DESCRIPTION

Title _____

Abstract *(Provide a description of activity using 750 characters or less.)*

Overall Vision *(What will members receive from participating in this professional development activity?)*

Primary Target Audience *(Provide specific teaching areas and levels and estimated number of attendees.)*

Proposed Clinicians Names and Affiliations:

Are there materials associated with activity?

Check one. No Yes, Provide list and indicate whether materials are produced or need to be produced.

SECTION 2: TYPE OF ACTIVITY: (Check one.)

- Live Activity Only (complete Table 1)
- Online Activity Only (complete Table 2)
- Live Activity with Online Activity(ies) (complete Tables 1 and 2)

Table 1: Live Activity

Location	Desired Date(s)	Total Duration (e.g. 12 hours over 2 days)
<input type="checkbox"/> Biennial Conference		
<input type="checkbox"/> Music Education Week		
<input type="checkbox"/> NAFME Headquarters		
<input type="checkbox"/> State MEA(s)		
<input type="checkbox"/> Other (specify below)		

Table 2: Online Activity

Occurrences	Type* (e.g. Webinar, Podcast, Videoconference)	Desired Date(s)	Activity's Length (e.g. 2 hours, 2 days)
<input type="checkbox"/> Single Event			
<input type="checkbox"/> Series # _____			

***Definitions**

Webinar = a seminar or other presentation that takes place on the Internet, allowing participants in different locations to see and hear the presenter, ask questions, and sometimes answer polls.

Podcast = a digital audio or video file or recording, usually part of a themed series, that can be downloaded from a Web site to a media player or computer: *Download or subscribe to daily, one-hour podcasts of our radio show.*

Videoconference = a meeting or seminar conducted among participants in different locations via telecommunications equipment.

SECTION 3: Budget *(Provide estimated expenses and income associated with activity.)*

EXPENSES	DETAIL (e.g. clinician, flight, LCD, Internet)	ESTIMATED \$ AMOUNT
Honoraria		\$
Travel		\$
Hotel		\$
Meals		\$
Other <i>(specify below)</i>		\$
TOTAL ESTIMATED EXPENSES		\$
INCOME	DETAIL (e.g. 50 attendees @ \$100 each, ABC Music Company)	ESTIMATED \$ AMOUNT
Registration		\$
Sponsorship*		\$
Other <i>(specify below)</i>		\$
TOTAL ESTIMATED INCOME		\$

Define other expenses: *(Include estimated amount in appropriate area above.)*

Define other income: *(Include estimated amount in appropriate area above.)*

***Identify potential sponsor(s):**

SECTION 4 – OTHER INFORMATION (Include additional information below or attach document(s) to support proposal for NAFME’s Professional Development Committee’s consideration.)

SECTION 5 – CONTACT INFORMATION (by whom proposal is submitted)

Check one. Individual Group

Name _____ Date _____

To whom and where should NAFME send correspondence regarding this proposal?

Name _____

Affiliation (school, company) _____

Preferred mailing address: Check one. Affiliation Home

Address _____ City _____ State _____ Zip _____

Phone _____ Best Time to Reach _____

E-mail _____

NAFME Use Only

Received _____

Follow-up Action _____

Declined Accepted: Date _____

Further Action _____
