

Proposal Form for Assessment Showcase  
Central Missouri State University  
April 7<sup>th</sup>, 2006  
UNION 237 A and B  
9:30 am to Noon

Name of Institution.

Office or Department.

Name(s) of Presenter(s).

Phone Number of Contact Person.

Title of Presentation.

Very Brief Summary or Abstract of Presentation.

Equipment Needs (The number of internet connections is limited so get your request in early.).

If you have any questions, please email or call Mike Grelle at 660/543-4116.

I will be staying for lunch.      YES \_\_\_\_\_ NO \_\_\_\_\_

I will need a parking pass.      YES \_\_\_\_\_ NO \_\_\_\_\_