



# PROPOSAL TO HOST A 2014 NCSM LEADERSHIP ACADEMY

*Mathematics Leadership at Work: Formative Assessment in Support of the Common Core State Standards and Assessment*

Please email your proposal by June 30, 2013 to Valerie Mills, NCSM Administrative Manager at [dorothyshadrick@mathedleadership.org](mailto:dorothyshadrick@mathedleadership.org).

**GENERAL CONTACT INFORMATION**

**PROPOSED ACADEMY SITE**

Name:	_____	Site Name:	_____
Title:	_____	Site Contact Person:	_____
Affiliation:	_____	Site Person's Title:	_____
Address:	_____	Address:	_____
City:	_____	City:	_____
State/Province:	_____	State/Province:	_____
Zip/Postal Code:	_____	Zip/Postal Code:	_____
Country:	_____	Country:	_____
Telephone:	( ) _____	Telephone:	( ) _____
Fax:	( ) _____	Fax:	( ) _____
Email:	_____	URL:	_____

**PROPOSED DATES: (The Academy is 3 full days. Please choose dates must fall between June 9 and August 15, 2014, inclusive)**

First Choice: \_\_\_\_\_  
 Second Choice: \_\_\_\_\_  
 Third Choice: \_\_\_\_\_

**EXPLAIN HOW YOU WILL RECRUIT AND GUARANTEE 30 PAID ATTENDEES BY MAY 15, 2014:**

Please identify your targeted group(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXPLAIN HOW YOU WILL PROMOTE THIS PROFESSIONAL DEVELOPMENT OPPORTUNITY TO A WIDE AUDIENCE:**

ID your targeted group(s) and your professional connection to it.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROVIDE A RATIONALE FOR HOSTING A LEADERSHIP ACADEMY AT YOUR SITE. EXPLAIN WHY IT IS IMPORTANT AND HOW IT WILL INFLUENCE YOUR SITE.**

\_\_\_\_\_

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## MEETING ROOMS

Meeting Space Specs & Estimated Costs	Main Meeting Room	Break Out Room	Meal Function Room
Room Rental Cost	\$	\$	\$
Room Size			
Capacity Set in Rounds			
Notes			

## AUDIO VISUAL EQUIPMENT

AV Item	AV Cost	Check if Supplied Courtesy of Host
Screen	\$	
Lavaliere Mic	\$	
Wired Mic	\$	
LCD w/Audio	\$	
Package When User Brings LCD	\$	
Audio Speakers for a Computer		
Internet Access for Participants and Speakers		
Electrical outlets for Participants and Speakers		
Notes		

## MEAL FUNCTIONS

Catering Costs	High Estimate	Medium Estimate	Low Estimate
Continental Breakfast	\$	\$	\$
Notes			
Lunch	\$	\$	\$
Notes			

## HOTEL RECOMMENDATIONS

Contact Information	Hotel (1 <sup>st</sup> Choice)	Hotel (2 <sup>nd</sup> Choice):	Hotel (3 <sup>rd</sup> Choice):
Hotel Name			
Hotel Street Address			
Hotel City			
Hotel State			
Hotel Phone			
Notes			

Please email your 2-page proposal by June 30, 2013 to Dorothy Shadrick, Administrative Manager at [dorothyshadrick@mathedleadership.org](mailto:dorothyshadrick@mathedleadership.org).