



PASA and PSBA seek presentations for the
2025 SCHOOL LEADERSHIP CONFERENCE
October 19-21, 2025 | Kalahari Resorts & Conventions

DEADLINE FOR SUBMISSIONS: JUNE 1, 2025

All applicants will receive an email confirming that their proposal was received. If you do not receive an email, please contact jennifer.cramer@psba.org.

ACKNOWLEDGEMENT AND SIGNATURE

PRESENTER INFORMATION:

- All applicants will be notified of their status by July 31, 2025.
- All presentation materials (handouts, PowerPoint presentations or information sheets) must be submitted no later than September 30, 2025, for inclusion on the website. Any information received after this due date will be updated based on availability.
- Paper copies of presentations are not provided to attendees. All information is accessible on the conference website and mobile app.
- Exhibitors, vendors and corporations are not eligible to submit a proposal unless they are a PASA or PSBA partner. PASA or PSBA partners must have at least one member school district representative listed as a co-presenter.
- We reserve the right to edit information for publishing. This includes editing for clarity, brevity and accuracy.
- **Professional speakers will not be considered.**

AUDIOVISUAL INFORMATION:

- All session rooms will have a screen, LCD projector, podium and microphone, and complimentary internet access.
- Laptops are not provided for any presentations.
- Presenters are responsible for bringing appropriate cable connections for any Apple brand products.
- All meeting rooms will be set theater-style with a draped table and floor podium in the front of the room.
- Presenters are responsible for bringing, or ordering and paying for, additional equipment from Kalahari Resorts & Conventions.

Presenters are welcome to attend the conference, however, PSBA and PASA are not able to provide complimentary registrations for any presenters. Presenters may attend their presentation and then depart afterwards without incurring any registration fees. Any presenter who wishes to participate in other education sessions, exhibit hall, meals or other scheduled activities MUST register and pay the conference registration fee.

Main contact for all conference communication: _____

Phone: _____ Email: _____

School entity/organization: _____

By signing below, I acknowledge that I have read, understand and agree with the presenter information listed above.

Name Date

PRESENTATION DETAILS

Proposals can be submitted online:
PDF submissions should be sent to:

<https://paschoolleaders.org/call-for-presentations-2025>
Jen Cramer, Director of Conference and Events
jennifer.cramer@psba.org



Presentation title (10 words or less):

A description of the proposed presentation. (50 words max.)

Please note: this text will be used in the conference program.

What are the top three learning objectives of your proposed presentation? (75 words max.)

In an effort to provide a diverse amount of sessions for attendees with various knowledge levels and goals, please indicate if your session is:

Introductory Level – appropriate for attendees without extensive experience on the topic

Advanced Level – appropriate for attendees who have a basic understanding of the topic and wish to expand their knowledge

Has this presentation been presented at other conferences?

Yes

No

If yes, where/when: _____

Some education sessions are recorded for archival purposes. Does PSBA have your permission to post this recording on its learning management system for later viewing by members? **Please note: if your presentation is selected for recording, PSBA will contact you to confirm permission.**

Yes

No

PRESENTATION DATE PREFERENCE

Please select the date(s) you are available to present (check all that apply):

Sunday, October 19

Monday, October 20

Tuesday, October 21

No preference

PRESENTER INFORMATION

Please include degree designations and other professional information as you wish it to be listed in the program. Sessions are limited to a maximum of five presenters.



Presenter 1:

Name: _____
School entity/ Organization: _____
Job title: _____
Credentials: _____
Phone: _____ Email: _____

Presenter 2:

Name: _____
School entity/ Organization: _____
Job title: _____
Credentials: _____
Phone: _____ Email: _____

Presenter 3:

Name: _____
School entity/ Organization: _____
Job title: _____
Credentials: _____
Phone: _____ Email: _____

Presenter 4:

Name: _____
School entity/ Organization: _____
Job title: _____
Credentials: _____
Phone: _____ Email: _____

Presenter 5:

Name: _____
School entity/ Organization: _____
Job title: _____
Credentials: _____
Phone: _____ Email: _____