



LAMcon 2019
Conference &
Annual Meeting

September 8–10, 2019
Natchitoches, LA

Disaster Recovery: Museums Working Together

PROGRAM PROPOSALS SUBMISSION DEADLINE – June 28, 2019

Send completed proposal to
Jennae Biddiscombe | jbiddiscombe@crt.la.gov

I. Session Title _____

(Program committee may modify titles.)

Type: (Please mark all that apply.)

- Administration Education Collections Preservation
 Marketing Fundraising Membership Other: _____
 Planning Response/Recovery

II. Format

Sessions are 45 minutes

- Panel (two or more presenters) Roundtable (at least one moderator)
 Guest speaker (one expert presenter) Town Meeting (at least one moderator)
 Poster session (three or more presenters) Debate (moderator & 2 or more speakers)

Workshops are 90 minutes or more

- Workshop Indicate time needed _____
 Other (creative formats are encouraged) Indicate time needed _____

III. Audio Visual Equipment Needs

- Laptop Screen Flip chart/markers LCD projector TV/DVD
 Internet connectivity Other _____



IV. Session Description

(What questions, issues, or problems will session address? Who is the target audience? What is the expected objective? Please limit response to 350 words. Attach additional page if necessary.)

V. Session Chairman

(Session Chairman directs communication between the Conference Program Committee and session participants.)

Name _____ Title _____
Organization _____
Mailing Address _____
City, State, Zip _____
Office phone _____ Cell phone _____
Email _____

VI. Session Participants

(List all Session Participants, including Chairman if also participating. If a specific participant has not yet been identified, please characterize the type of person to be recruited so Program Committee can assist in identifying possible participants. Attach additional page if necessary.)

Session Participant #1:

Name _____ Title _____
Organization _____
Mailing Address _____
City, State, Zip _____
Office phone _____ Email _____

Briefly describe participant's role:

Session Participant #2

Name _____ Title _____
Organization _____
Mailing Address _____
City, State, Zip _____
Office phone _____ Email _____

Briefly describe participant's role: