

ASPIRING TO THE SUPERINTENDENCY CONFERENCE

NOVEMBER 9, 2017 • The Conference Center at OCLC



Co-Sponsored by:

The Ohio Association of Secondary School Administrators and
The Ohio Association of Elementary School Administrators



AGENDA

- 8:00 a.m. - 9:00 a.m. Registration/Continental Breakfast
- 9:00 a.m. - 10:00 a.m. **CHALLENGES FOR SUPERINTENDENTS**
BASA Staff
- 10:00 a.m. - 10:15 a.m. Break
- 10:15 a.m. - 11:30 a.m. **UNDERSTANDING SCHOOL BOARDS AND POLITICS — A PANEL DISCUSSION**
Panel:
Current Superintendents from Ohio Schools
Moderators: Timothy Freeman, OASSA Associate Executive Director & Mark Jones, OAESA Associate Director
- 11:30 a.m. - 12:15 p.m. Lunch
- 12:15 p.m. - 1:15 p.m. **FROM THE BOARD'S PERSPECTIVE: SUGGESTIONS FOR THE ASPIRING SUPERINTENDENT**
Ohio School Boards Association Staff
- 1:15 p.m. - 1:30 p.m. Break
- 1:30 p.m. - 2:30 p.m. **WHAT PRINCIPALS DON'T KNOW ABOUT THE SUPERINTENDENCY**
BASA Staff
- 2:30 p.m. - 3:30 p.m. **NEGOTIATING YOUR FIRST SUPERINTENDENT CONTRACT**
BASA Staff
- 3:30 p.m. Adjournment

OASSA REGISTRATION FORM - ASPIRING TO THE SUPERINTENDENCY CONFERENCE

The Conference Center at OCLC - November 9, 2017

Name _____ Position _____ OASSA Membership # _____

School _____ School District _____ County _____

School Address _____
Street City Zip

E-Mail Address _____ School Phone # (____) _____ Cell Phone # (____) _____

Registration fee: \$175 OASSA Members • \$275 OASSA Nonmembers (Registration fee includes breakfast, lunch, and materials.)

- Check here if you are on a teaching contract - you are eligible to attend at the OASSA member rate.
 Check here if you are a member of the Ohio Association of Elementary School Administrators (OAESA).

Payment or PO **MUST** be included with registration form — fax form to: (614) 430-8315 — PO # _____

Make **check payable to OASSA** and mail with this form to: OASSA, 8050 N. High Street, Suite 180, Columbus, OH 43235-6484

MC/VISA/DISCOVER (do not email sensitive credit card info; phone or fax is acceptable)

Card # _____ Exp. Date _____ Amount \$ _____

Card Billing Address _____
Street City Zip

Email Receipt to: _____

Check here if you are disabled and require special services OR have dietary concerns. Please attach a description of your needs.