

CAEYC FALL 2008 CONFERENCE
PRESENTATION PROPOSAL

Dear Presenter,

Thank you for your interest in presenting at the CAEYC FALL 2008 Conference at the Denver Merchandise Mart on Saturday, October 4, 2008. Please complete this enclosed form (3 pages) and send it to:

CAEYC Fall Conference
P.O. Box 631326
Highlands Ranch, CO 80163-1326
FAX: 303-791-7597
email: caeyc@ColoradoAEYC

Proposals must be postmarked no later than JUNE 13, 2008. Proposals after this date might not be considered. You will be notified in June if we will be able to use your presentation or not for this conference.

In July, you will receive a conference program listing the time of your presentation. If there will be more than one presenter in your workshop, you as the contact person are responsible for giving information to your co-presenter or panel members.

If you have any questions, please contact:

Linda Adams - CAEYC Office
Phone - 303.791.2772 (Denver)
1.888.892.4453
FAX - 303.791.7597
Email - caeyc@ColoradoAEYC.org

Thank you for your willingness to share your expertise with early childhood colleagues.

CONFERENCE PRESENTATION PROPOSAL

Please complete this form and send postmarked no later than JUNE 13, 2008 to:

CAEYC
P.O. Box 631326
Highlands Ranch, CO 80163-1326

Please type or print clearly (this information will go into the conference brochure if accepted)

PRESENTER NAME: _____
(contact person)

COMPLETE ADDRESS: (include city & zip)

PHONE NUMBERS: (W)(____) _____ (H)(____) _____

PROFESSIONAL TITLE: _____

CO-PRESENTER NAME: _____

COMPLETE ADDRESS: (include city & zip)

PHONE NUMBERS: (W)(____) _____ (H)(____) _____

PROFESSIONAL TITLE:

*Please note that presentations are limited to a maximum of 2 people except for panels.

Please check if this is a panel presentation Yes ___ No ___

TITLE OF PRESENTATION:

BRIEF DESCRIPTION OF PRESENTATION (as you want it to appear in conference brochure)

Please type or print very clearly:

TIME PREFERRED: 1 HOUR WORKSHOP: ____ OR 2 HOUR SEMINAR: ____

(Please indicate if you are willing to repeat this session during the day).

PLEASE INDICATE IF PRESENTATION IS (circle one): 1) **BASIC LEVEL**, OR 2) **SEASONED PROFESSIONAL LEVEL** (for the individual that has been in the field for a number of years - more in-depth)

TARGETED AUDIENCE: INFANT ____ TODDLER ____ PRESCHOOL ____
KINDERGARTEN/PRIMARY ____ SCHOOL AGE ____
ADMIN/DIRECTORS ____ ADVOCACY ____ CLASSRM MGMT ____
FAMILY CHILD CARE ____ HEALTH&SAFETY ____
MUSIC/MOVEMENT ____
SPECIAL NEEDS ____ OTHERS(specify) _____

SPECIAL EQUIPMENT/ROOM ARRANGEMENTS: Audio-Visual equipment **MUST BE PROVIDED BY THE PRESENTERS.** Each room will be set up theater style with one speaker table. Please describe any special room arrangements you may require for your presentation/equipment (ie: 3 tables for displays, etc).

CONFERENCE REGISTRATION: Presenters are offered one free full conference registration (maximum of two per workshop). CAEYC conference registration fees include lunch on Saturday. Please do NOT send in a registration form. The cost of this meal will be paid by CAEYC. In order to have an accurate meal count, please indicate if you will be joining us for:

Saturday lunch:

Presenter: yes ___ no ___ Vegetarian ___
Co-presenter: yes ___ no ___ Vegetarian ___

HONORARIUM: A total honorarium of \$30.00 per each 1 hour workshop is available to help cover transportation and/or material costs, (regardless of the number of presenters), \$45.00 for a 2 hour seminar. Please check one of the below:

___ Yes, I would like the honorarium, or

___ I wish to donate the honorarium to the CAEYC Tuition Award Fund and would like a tax donation receipt.

Please sign and date this form below. Thank you again for your commitment to children and families in Colorado by presenting at the CAEYC Fall 2008 Conference. You will receive a confirmation of your proposal acceptance.

Signature of Presenter

Date