

CAEYC SPRING 2010 CONFERENCE

PRESENTATION PROPOSAL

(Please print out this form, fill it out, and mail, FAX or email it to the address shown below.)

Dear Presenter,

Thank you for your interest in presenting at the CAEYC Spring Conference at the Denver Merchandise Mart on Friday and Saturday, April 16 & 17, 2010. Please complete this enclosed form (3 pages) and E-mail, mail or FAX it to:

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

FAX - 303.791.7597 E-mail: caeyc@ColoradoAEYC.org

Proposals must be postmarked no later than JANUARY 15, 2010. Proposals after this date might not be considered.

You will be notified the end of January if we will be able to use your presentation or not for this conference.

In February, 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 E-mail: caeyc@ColoradoAEYC.org

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

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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:

DAY(S) PREFERRED: PLEASE INDICATE IF YOU WANT TO PRESENT BOTH DAYS: YES ___ NO ___ (Preference will be given to presenters who are willing to repeat their session either on both days or on the same day).

FRIDAY: 1½ HOUR WORKSHOP ___ or 3 HOUR SEMINAR ___
SATURDAY: 1 HOUR WORKSHOP: ___ or 2 HOUR SEMINAR: ___

TARGETED AUDIENCE:

ADMIN/DIRECTORS ___ ADVOCACY/PUBLIC POLICY ___
CLASSROOM MGMT ___ CURRICULUM ___
HEALTH/SAFETY ___ INFANT/TODDLER ___
MUSIC/MOVEMENT ___ PROFESSIONAL DEV ___
QUALITY IMPROVEMENT ___ SPECIAL NEEDS ___
OTHER (please 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 Friday and Saturday. Please do NOT send in a registration form. The cost of these meals will be paid by CAEYC. In order to have an accurate meal count, please indicate if you will be joining us for:

Friday lunch:

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

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 1½ hour or a 2 hour seminar, and \$60.00 for a 3 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 early childhood professionals in Colorado by presenting at the CAEYC Spring 2010 Conference. You will receive a confirmation of your proposal acceptance.

Signature of Presenter

Date