



**ONE GOAL: BUILDING THE FUTURE TOGETHER  
“PUTTING FAMILIES AND CHILDREN FIRST”**

Hilton Tampa Downtown  
211 North Tampa Street, Tampa, Florida  
July 20-22, 2016

**PRESENTATION PROPOSAL GUIDELINES**

Computer generated proposals following these guidelines will be accepted. Hand written proposals are not recommended due to the difficulty of reading.

**1. PRESENTERS**

Please provide the following information. The Primary Presenter is the only presenter notified of presentation acceptance. The Primary Presenter will have the registration fee waived and will be registered for the conference. All other presenters must register and pay the registration fee. All presenters are responsible for making their own hotel reservations.

**Primary Presenter** (Registration Fee Waived):

Name (as you wish it to appear in conference book) \_\_\_\_\_  
Professional Title \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Additional Presenter** (Need to Register and Pay Registration Fee):

Name (as you wish it to appear in conference book) \_\_\_\_\_  
Professional Title \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Additional Presenter** (Need to Register and Pay Registration Fee):

Name (as you wish it to appear in conference book) \_\_\_\_\_  
Professional Title \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**2. PRESENTATION**

**Title of Presentation:** \_\_\_\_\_

**Synopsis of Presentation:** Please describe the content of this presentation in 75-100 words as you wish it to be published in the conference book:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. PRESENTATION DESCRIPTION

Please describe in detail the content of your presentation for the review committee.

### 4. PROGRAM TRACK

Please check the **ONE** category you would like your presentation listed under in the conference program. The committee reserves the right to change program tracks if it is determined that another category is more appropriate.

- |   |   |
|---|---|
| <input type="checkbox"/> Child Growth and Development               | <input type="checkbox"/> Management and Leadership                  |
| <input type="checkbox"/> Collaboration                              | <input type="checkbox"/> Public Policy and Advocacy                 |
| <input type="checkbox"/> Cultural Diversity/Multicultural Education | <input type="checkbox"/> Screenings/Assessments/Evaluations         |
| <input type="checkbox"/> Developmentally Appropriate Curriculum     | <input type="checkbox"/> Special Needs and Inclusion                |
| <input type="checkbox"/> Family Engagement                          | <input type="checkbox"/> Trauma Informed Care/Challenging Behaviors |
| <input type="checkbox"/> Health, Safety and Nutrition               |   |

### 5. TARGET AUDIENCE

Please check the categories which best describe your target audience.

- |   |   |
|---|---|
| <input type="checkbox"/> Administrators           | <input type="checkbox"/> Teachers: New              |
| <input type="checkbox"/> Direct Service Providers | <input type="checkbox"/> Teachers: Experienced      |
| <input type="checkbox"/> Directors                | <input type="checkbox"/> Training & Technical Staff |
| <input type="checkbox"/> Family Support           | <input type="checkbox"/> Other: _____               |

### 6. AUDIO/VISUAL EQUIPMENT

All meeting rooms will have the following audio/visual equipment: Screen, Flipchart and Markers.

**Presenters are responsible for bringing their own Powerpoint Equipment (LCD Projector) and Computer.**

- Please check if require internet access.

### 7. SCHEDULING/ROOM ARRANGEMENTS

Presentations are scheduled for 60 or 90 minutes. Please Check your Presentation Time:

- 60-Minute Presentation       90-Minute Presentation

Please Check the type of Presentation     Lecture     Panel     Interactive     Active/Noisy     Music

Please Check:     Will be attending the Entire Conference     Will only attend the Day of Presentation

Fifteen minutes is allotted between sessions for setup/breakdown of presentations.

- Exception, Explain: \_\_\_\_\_

Standard room setup is theatre style with a head table for 4.

- Exception, Explain: \_\_\_\_\_

### 8. PRESENTATION SUBMISSION

**Please return the completed presentation proposal form by April 6, 2016 to:**

ATTN: Frankie Allen, Conference Coordinator  
One Goal Summer Conference  
13177 Old Settlement Road  
Tallahassee, FL 32309  
Email: frankieallen\_2000@yahoo.com  
FAX: (850) 893-4174