



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

Hilton Tampa Downtown
211 North Tampa Street, Tampa, Florida
July 17-19, 2019

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"/> Mental Health/Challenging Behaviors |
| <input type="checkbox"/> Cultural Diversity/Multicultural Education | <input type="checkbox"/> Public Policy and Advocacy |
| <input type="checkbox"/> Developmentally Appropriate Curriculum | <input type="checkbox"/> Screenings/Assessments/Evaluations |
| <input type="checkbox"/> Family Engagement | <input type="checkbox"/> Special Needs and Inclusion |
| <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 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: _____

ALL MEETING ROOMS: Standard room setup is theatre style with a head table for 4.

Due to logistical issues, the Planning Committee voted to have speakers present demonstrations, videos, visuals, etc., rather than engage attendees in make & take or hands-on activities. Extra tables may be requested for demonstrations:

8. PRESENTATION SUBMISSION

Please return the completed presentation proposal form by April 5, 2019 to:

ATTN: Frankie Allen, Conference Coordinator
One Goal Summer Conference
13177 Old Settlement Road
Tallahassee, FL 32309
Email: frankieallen_2000@yahoo.com