



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

Hyatt Regency at Tampa City Center – Tampa, Florida
July 21-23, 2010

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 _____
Daytime Phone _____
Fax 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 _____
Daytime Phone _____
Fax 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 _____
Daytime Phone _____
Fax 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/Managing 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 Involvement and Support | <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

7. SCHEDULING/ROOM ARRANGEMENTS

Presentations are scheduled for 60 or 90 minutes. Please check your presentation time:

- 60-Minute Presentation 90-Minute Presentation

Fifteen minutes is allotted between sessions for setup/breakdown of presentations. Please advise if you will need additional setup or breakdown time and how time you will need.

Standard room set up is theatre style to capacity with a head table for 4.

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

8. PRESENTATION SUBMISSION

Please return the completed presentation proposal form by April 2, 2010 to:

One Goal Summer Conference
P.O. Box 91005
Miccosukee, FL 32309-0005
Phone: (850) 893-6270 FAX: (850) 893-4174
Email: frankieallen_2000@yahoo.com
Website: www.onegoalsummerconference.org