

For Committee Use Only

Audience _____
Capacity _____

Time _____
Room _____
AV _____

2010 Michigan After-school Collaborative Conference

Friday, October 15 – Best Western Sterling Inn, Sterling Heights

PRESENTER and PRESENTATION PROPOSAL FORM

PRESENTER INFORMATION

Name (Dr/Mr/Mrs/Ms) _____

Professional Title/Position _____

Employer _____

Telephone: Work () _____ Home () _____ Fax () _____

Email Address _____

Mailing address: ___ Home ___ Work

Street _____

City _____ State _____ Zip _____

Highest degree earned _____ Area of expertise _____

CO-PRESENTER INFORMATION

Name (Dr/Mr/Mrs/Ms) _____

Professional Title/Position _____

Employer _____

Telephone: Work () _____ Home () _____ Fax () _____

Email Address _____

Mailing address: ___ Home ___ Work

Street _____

City _____ State _____ Zip _____

Highest degree earned _____ Area of expertise _____

Please complete both sides and return by August 10, 2010.

PRESENTATION INFORMATION

Presentation title _____

Presentation abstract (35 words) _____

Please indicate the audience(s) for your session, the age level(s), your willingness to repeat your session, and your session's track:

Audience

- Administrator
 Practitioner
 Both

Age Level (√ all that apply)

- Elementary
 Middle School
 High School

Repeat Session?

- I am willing to repeat my session.
 I am not willing to repeat my session.

Track

- Administration and Program Management
 Evaluation and Assessment
 Family and Community Collaboration
 Professional Development
 Programs and Activities (√ all that apply)
 Arts (movement, music, theater, visual)
 Field Trips
 Literacy
 Outdoor Education/Exploration
 Physical Fitness, Health and Nutrition
 STEM (science, technology, engineering, mathematics)

- Youth Development (√ all that apply)
 Behavior Management
 Career and College Preparation
 Character Education
 Diversity
 Life Skills (i.e., cooking, financial literacy)
 Social Justice
 Other: _____

Audio Visual/Presentation Equipment Requested

Microphone(s) provided where warranted. Please consider your needs carefully and request only what is essential for an effective presentation. **Note:** computers are **not** provided.

- LCD projector (to connect to **your** laptop), screen and AV cart
 screen and AV cart (bringing own LCD projector **and** laptop)
 # of tables for display/materials

Note: Workshop rooms are routinely set theatre style (chairs only). An alternative set **may** be possible. Indicate your request: _____

Complete both sides and return by August 10, 2010 to:

Michigan Department of Education
Office of Early Childhood Education and Family Services
Michigan After-school Collaborative Conference
Att: Amanda Stoel
P.O. Box 30008
Lansing, MI 48909

Phone: (517) 241-4290
Fax: (517) 335-0592
E-mail: stoela@michigan.gov

You will be notified regarding the status of your proposal by August 24, 2010.