



**NORTH CAROLINA HEAD START ASSOCIATION
40th ANNUAL TRAINING CONFERENCE
March 10-12, 2010
CALL FOR PAPERS APPLICATION**



Please complete this form (boxes are “check-box enabled”) save changes and **email** as an attachment to: mbare@ncheadstart.org no later than **October 16, 2009**

PRESENTER INFORMATION:

Lead Presenter Name:	Co-Presenter Name:
Title:	Title:
Employer/Business Name:	Employer/Business Name:
Mailing Address:	Mailing Address:
Mailing Address:	Mailing Address:
Email Address:	Email Address:
Website:	Website:
Phone Number:	Phone Number:
Alternate Phone Number:	Alternate Phone Number:

WORKSHOP TRACKS FOR 2010 (please check ALL that apply):

- | | |
|---|--|
| <input type="checkbox"/> HEALTH & NUTRITION | <input type="checkbox"/> FAMILY SERVICES/FAMILY PARTNERSHIPS |
| <input type="checkbox"/> EARLY CHILDHOOD ED/PRE-K | <input type="checkbox"/> EARLY HEAD START/INFANT-TODDLER DEVELOPMENT |
| <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> PARENT EDUCATION/PARENTAL SUPPORT |
| <input type="checkbox"/> DISABILITIES & MENTAL HEALTH | <input type="checkbox"/> PROGRAM DESIGN & MANAGEMENT |

WORKSHOP FOCUS (please check ALL that apply):

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> ADMINISTRATION | <input type="checkbox"/> ADMINISTRATIVE SUPPORT | <input type="checkbox"/> STAFF | <input type="checkbox"/> PARENTS |
| <input type="checkbox"/> CENTER-BASED | <input type="checkbox"/> HOME-BASED | <input type="checkbox"/> 0-3 (Infant/Toddler) | <input type="checkbox"/> 3-5 (Pre-K) |

Workshops will be scheduled the afternoon of Wednesday, March 10, all day Thursday, March 11 and the morning of March 12. Seminars will be scheduled the afternoon of Wednesday, March 10, the morning or afternoon of Thursday, March 11.

Type of Session (please check ONE): WORKSHOP (1 hour) SEMINAR (3 hours)

Preferred day/time: Wednesday PM Thursday AM Thursday PM Friday AM

I am willing to present this workshop twice: YES NO

Primary Language of Presentation (please check ONE): English Spanish

Suggested Number of Participants (please check ONE): 0-50 51-99 100+

WORKSHOP DESCRIPTION

Title of Workshop:

Description of Presentation (100 words or less):

Description of Handouts Provided by Presenter:

NO audio/visual equipment will be provided by NCHSA. A limited number of workshop rooms will be equipped with a screen and electrical hook-up. If you will be bringing audio/visual equipment and would like to be assigned to a room with a screen and electrical hook-up, please check here:

I am bringing my own audio/visual equipment and request to be assigned to a room with a screen and an electrical hook-up.

Lead Presenter: Please provide a brief description of your company or consultant services for the “Presenter Index”:

Once your proposal has been reviewed, a letter of notification will be forwarded to the LEAD PRESENTER ONLY by **November 13, 2009**. NCHSA will provide a complementary registration for the LEAD PRESENTER and ONE (1) CO-PRESENTER. Facilitators will be arranged for each workshop.

PLEASE NOTE: All presentations are VOLUNTARY. Travel, AV equipment, hotel and all other expenses incurred as a result of presenting at the NCHSA 40th Annual Training Conference are the responsibility of the presenter.