Please complete and return this two-page form by March 1, 2024; save changes and email as an attachment to SCSHSA1@outlook.com.

**Presenter Information**

|  |  |  |
| --- | --- | --- |
| *Name of Lead Presenter:* | Click or tap here to enter text. | |
| *Title:* | Click or tap here to enter text. | |
| *Employer / Business:* | Click or tap here to enter text. | |
| *Mailing Address:* | Click or tap here to enter text. | |
| *Email Address:* | Click or tap here to enter text. | |
| *Phone Number (please include area code):* | | Click or tap here to enter text. |
| *Website:* | Click or tap here to enter text. | |

**Presenter Information**

|  |  |  |
| --- | --- | --- |
| *Name of Co-Presenter Name:* | Click or tap here to enter text. | |
| *Title:* | Click or tap here to enter text. | |
| *Employer / Business:* | Click or tap here to enter text. | |
| *Mailing Address:* | Click or tap here to enter text. | |
| *Email Address:* | Click or tap here to enter text. | |
| *Phone Number (please include area code):* | | Click or tap here to enter text. |
| *Website:* | Click or tap here to enter text. | |

**What is the title of your workshop or seminar? (4 words or less):**

Click or tap here to enter text.

**Description of Presentation (60 words or less):**

Click or tap here to enter text.

**Target Group**

**Training Topics (please check ALL that apply):**

|  |  |
| --- | --- |
|  | ADMINISTRATION/MANAGEMENT |
|  | EARLY CHILDHOOD DEVELOPMENT |
|  | SCHOOL READINESS |
|  | PARENT/FAMILY/COMMUNITY ENGAEMENT |
|  | HEALTH SERVICES – check one:  Health  Mental Health  Nutrition |
|  | CHILD & FAMILY SAFETY |
|  | ADMINISTRATIVE SUPPORT SERVICES |
|  | FATHERHOOD/MALE INVOLVEMENT |
|  | TRANSPORTATION/PEDESTRIAN SAFETY |
|  |  |
|  | FAMILY LITERACY |
|  | OTHER: Please explain:Click or tap here to enter text. |

**Training Categories (please check ALL that apply):**

Early Head Start  Head Start  Migrant  AIAN  EHS-CCP

Type of Session (Please check ONE):

WORKSHOP (1 hours) If you need additional time, you will need to submit another form for Part 2 for 1 hours.

Preferred day(s)/time(s): Please select all that would work for your schedule. We are trying to fill each training time slot, so please select a couple of choices if possible. The conference committee will attempt to accommodate your request; however, this selection preference does not guarantee days or times selected.

|  |  |
| --- | --- |
| Thursday, April 25th – ( 8:30 am- 10:00 am) |  |
| Thursday, April 25th – (10:15 am- 11:45 am) |  |
| Thursday, April 25th – (2:15 pm – 3:45 pm) |  |
| Friday, April 26th – (10:15 pm – 11:45 am) |  |
| Friday, April 26th – (1:15 pm – 2:45 pm |  |

**Are you willing to present this workshop twice:**  YES  NO

**Primary Language of Presentation (please select ONE):**  English  Spanish

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE:**

* All presentations are VOLUNTARY.

**Lead Presenter ONLY: Please provide a brief description of your company, consultant services, or vitae for inclusion in the Presenters Profiles of the conference program book.**

Click or tap here to enter text.

Once your proposal has been reviewed and accepted, a letter or email notification will be forwarded to the LEAD PRESENTER. If you are not a Head Start/Early Head Start or Early Head Start-Child Care Partnership (HS/EHS/EHS-CCP) staff, SCSHSA will provide one (1) complimentary conference registration for the LEAD PRESENTER only. Facilitators will be

arranged for each workshop. Accepted presenters and co-presenters who are current HS/EHS/EHS-CCP staff must submit a Participation Consent Form signed by the HS/EHS/EHS-CCP Director and returned to SCSHSA to participate as a presenter.

Revised 01/2024