



opening minds

Hyatt Regency McCormick Place: Chicago, Illinois
January 26-29, 2011

CALL FOR PROPOSALS

Chicago Metropolitan Association for the Education of Young Children is a membership organization dedicated to leading and strengthening the efforts of professionals who work to achieve healthy development and quality education of children from birth to age eight.

Proposal Guidelines and Requirements

All submissions must include: a copy of the entire proposal (filled out in its entirety) along with the required attachments. To ensure a blind review, no presenter names or organization names should appear in the outline.

Completed proposals for presentations must be postmarked by September 1, 2010. Send your proposal via email (ONLY) to rprescott@chicagometroaeyc.org.

Proposals will be evaluated by a review committee based on quality, appropriateness, and appeal to the early childhood community.

The presentation is not a promotion or endorsement of a commercial product or to promote one's own services. **Using presentation time to sell or market products is prohibited.** However, presenters may request exhibit space at a reduced rate or request time in our "Presenters Marketplace".

Presenter Information

- All presenters are responsible for travel expenses related to attendance.
- There is a maximum of two presenters per workshop session.
- All correspondence from CMAEYC will be done through the primary presenter. Primary presenter is responsible for notifying co-presenter.

Presentation Information

- All rooms are set theater style (rows of chairs) with one front table except 'music/movement' and 'hands-on' workshops. Music/Movement sessions will have perimeter seating. Hands-on sessions will have rounds.
- CMAEYC reserves the right to edit workshop titles and descriptions that are accepted for presentation.
- The format should be appropriate for adult learners.

Presentation Logistics

- Workshops are not automatically assigned volunteer assistants. Please indicate if you have a special need for an assistant.
- AV availability: CMAEYC will only provide an Overhead Transparency Package and/or Flipchart, if requested. **CMAEYC cannot provide laptop computers, LCD projectors or speakers.** All other AV equipment must be brought by the presenters or rented through the hotels AV Dept. (info. to be provided in proposal acceptance letters).
- Presenters will be notified of the maximum room capacity to help prepare supplies and materials.
- Presentations may be observed as part of our assurance of quality and professional development.

The Conference Committee thanks you in advance for volunteering your time in support of CMAEYC and the early childhood field.

PRESENTATION PROPOSAL

Opening Minds Conference 2011
January 27-29, 2011
Hyatt Regency McCormick Place: Chicago, Illinois

A. Primary Presenter Information:

Last Name: _____
First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____
Fax Number: _____
Email: _____
Employer: _____
Current Title/Position: _____
Member of:
Chicago Metro AEYC
Other AEYC (please specify): _____
Action for Children
Not a member of these organizations
Recipient of:
Kohl-McCormick Teaching Award
Golden Apple Award
Other Professional Award (please specify): _____

Co-Presenter Information:

Last Name: _____
First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____
Fax Number: _____
Email: _____
Employer: _____
Current Title/Position: _____
Member of:
Chicago Metro AEYC
Other AEYC (please specify): _____
Action for Children
Not a member of these organizations
Recipient of:
Kohl-McCormick Teaching Award
Golden Apple Award
Other Professional Award (please specify): _____

B. Presentation Information:

Presentation Title: _____
Presentation Description (30 words or less): _____

Presentation Level for Participants (select one):
 Awareness, Beginning Level: exposing professional to new information; most appropriate for those beginning their career or for those who have been in the field for a while but are being exposed to new information or concepts; i.e. presentations could have participants involved in identifying, understanding and listing new information
 Professional, Intermediate Level: helping the professional expand and apply knowledge to their everyday practice; expanding knowledge and application to their everyday work with children; i.e. participants could be demonstrating and applying knowledge that is more complex than basic information
 Leadership, Advanced Level: challenging the experienced professional to form, apply and modify acquired knowledge into everyday practice; analysis and reflection are examples
 Appropriate for All Levels
Track Information (select no more than three):
 Administration & Program Operations Advocacy/Public Policy Career Development/Professional Leadership
 Children and Violence Curriculum/Teaching Practices Equity/Diversity
 English Language Learners Family & Community Relationships Family Child Care
 Mental Health/Health/Nutrition Nature Out of School Time
 Special Needs Trends/Cutting Edge
Applicable Age Group (select all that apply):
 Infant/Toddler Preschool Kindergarten
 Primary OST All Age Groups

C.

Workshop Logistics

Day/Time Preference (select all that apply):

Thursday Friday Saturday No Preference

Morning Afternoon No Preference

Are you willing to repeat your workshop? Yes No

Same day only? Yes No

Language: Workshop will be presented in English Español Polsku Other language: _____

Audience Size:

X Small (capacity=16) Small (capacity=50) Medium (capacity= 135)
 Large (capacity=200) Extra Large (capacity=250+)

Room Request:

'Movement' sessions will be arranged with perimeter seating and one front table; 'Hands-On' Sessions will be arranged with rounds; all other sessions will be arranged with theater style seating unless otherwise noted. Room request set-ups are not guaranteed.

Room Request: _____

AV Selection: Overhead Transparency Package (Overhead w/ Screen) Flipchart/Markers

Session Format: Lecture Informal Panel Movement Hands-On Other _____

If you have a special need for a Volunteer Assistant please explain: _____

Would you like to request time at our "Presenter's Marketplace" after your workshop session is completed? Yes No

D.

Attachments

1. An abstract summarizing the workshop, its contents, theories, philosophies, objectives and goals.
2. Specify which group(s) might be most interested in your presentation. Be specific, i.e.: Early Head Start, therapists, early interventionists, administrators, parents, and so on.
3. Provide at least three learning objectives for the session. Describe the expected outcomes for the learner for each of the learning objectives. For example, if your workshop targets beginners, what would you expect them to know or be capable of doing when the session is finished? What if the session targets advanced or intermediate levels?
4. Include relevant research and theories which support content and learning objectives.
5. Describe the training methods you use to support participants' learning, i.e. Is the session mainly lecture? Hands on?
6. How will you incorporate adult learning principles to deliver a lively and educational session.

Please check that you have read and understand the Proposal Guidelines and Requirements

FOR OFFICE USE ONLY

Track: _____

Level: _____

Day Requested: _____

Room Set-Up: _____

Audience Size: XS S M L XL

AV Request Choices:

Overhead Transparency Pkg. Flip Chart

Repeat Workshop: Y N

TRACK CODE: _____