



**SC Community Action Partnership and SC State Head Start Association
2019 Annual Spring Training Conference**

April 22-April 26, 2019

CALL FOR CONFERENCE PRESENTERS

Name: _____
 Organization: _____ Title: _____
 Address: _____ City/State/Zip: _____
 Telephone: _____ Fax: _____ Cell: _____
 E-mail: _____
 Keynote Speaker: _____ Workshop Presenter: _____ Co-Presenter: _____
 Would you like to serve on a panel? Yes _____ No _____

Title of Presentation:

Workshop Abstract (50 Words or Less): Presenters ONLY

Background & Rational for Training Session:

Expected Learning Outcomes:

Format of Presentation:

Audio-Visual Requirements: (You "MUST," indicate below, if not we will not be able to provide)

- LCD Projector; Projector Screen; Laptop; Additional _____
 - Flip Chart/Markers; CD/Tape Player; Will Bring My Own Equipment
- (Presenters are encouraged to bring most, if not all, of their required equipment)***

Presentation Cost:

Gratis: _____ **Honorarium:** _____ **Fee:** _____

Hotel Accommodations Needed:

- Monday, April 22; Tuesday, April 23; Wednesday, April 24;
- Thursday, April 25; Friday, April 26;
- Arriving by Auto Airport/Transportation Needed/Airline: _____

Special Needs:

Mail, fax, or email completed form to: SC Association of Community Action Partnerships, Inc. 2700 Middleburg Drive, Suite 213, Columbia, South Carolina 29204 Telephone: (803) 771-9404 - Fax: (803) 771-9619: Email: scacap1@att.net

Deadline: January 31, 2019
 Attach additional sheets if necessary