

Utah's 35th Annual Early Childhood Conference
March 13, 2010
Utah Valley University, Orem
Presenter Registration Form
Due: October 30, 2009

Contact Presenter: _____
Last Name First Name Middle

Home Phone: () _____ Work Phone: () _____ Email: _____

Work Address: _____
Street City State Zip

Brief Background Experience (including degrees): _____

Title of Presentation _____

Brief Description of Presentation: _____

Time Preference (please underline one) **11:00-12:00 & 12:15-1:15** OR **1:30-2:30 & 2:45-3:45**

You will be presenting TWO, ONE-HOUR sessions. The committee will try to honor your time request, if possible.

Video/Audio Equipment Needed (circle): Overhead Projector TV/VCR See below for PowerPoint users.

****If using a PowerPoint – there will not be a technician available to assist you. You must bring your own projector and laptop along with any cables or connection devices. You must also know how to set it up.**

Presentation is focused on the following group: (circle one)

Infant/Toddler Preschool (3-5) Kindergarten 1st/2nd Grade Administrator/Director

(The Conference Committee is making every effort to meet the needs of all early childhood educators. Please choose ONE age level for your presentation. It will be advertised as such.)

Target Audience (please circle one): Beginning/Novice Intermediate Professional/Tenured

If you have any questions about the application process, please call one of the following:

Jill Chesley-McGinnis (801) 578-2307
Jessica Ross (801) 326-4397

Return application to:

Jill Chesley-McGinnis
350 South 400 East
Salt Lake City, UT 84111

Fax: 801-582-5540

Electronic: jmcginnis@tccslc.org

This application is due by October 30, 2009. Notification of accepted proposals will be made prior to December 31st, 2009. Your continued support of the Utah Early Childhood Conference is greatly appreciated. **Please visit www.utahearlychildhoodconference.com to download additional copies of this form.**

What paid professional experiences have you had working with adults?

List your paid professional experiences working with children:

**** LIST THE NAME OF ADDITIONAL PRESENTERS ****

Support Presenter: _____
Last Name First Name Middle

Home Phone: () _____ Work Phone () _____ Email: _____

Work Address: _____
Street City State Zip

Brief Background Experience (including degrees): _____

What paid professional experiences have you had working with adults?

List your paid professional experiences working with children:

<p>For Office Use Only</p> <p>Session # _____</p> <p>Room # _____</p> <p>Lunches _____</p>
