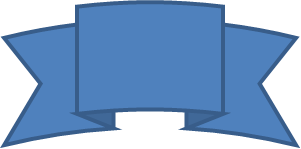
**40th ANNUAL**

**FAMILY INVOLVEMENT CONFERENCE**



40

**October 26-29, 2014**

**Best Western Premier**

**Central Hotel and Conference Center**

**800 East Park Drive**

**Harrisburg, PA 17111**

**PRESENTATION APPLICATION**

*Please click and type into shaded area*

Name:

Position:

School District/Organization:

Street:

City:       State:       Zip:

Work Phone:       Home Phone:       Cell Phone:

Email:       Fax:

**BIOGRAPHICAL SKETCH** (Maximum 100 words)

**CO-PRESENTER** (if applicable)

Name:

Position:

School District/Organization:

Street:

City:       State:       Zip:

Work Phone:       Home Phone:       Cell Phone:

Email:       Fax:

**BIOGRAPHICAL SKETCH** (Maximum 100 words)

**PRESENTATION TITLE:**

**PRESENTATION DESCRIPTION/ABSTRACT**

*Please keep to a maximum of 50 words and be READY FOR PUBLICATION. Please include major emphasis, objectives, and activities that will be presented.*

**STRAND IDENTIFICATION**

Parent Development

Community Building

Testing

Reading

Math

ESEA/NCLB/Title I

Special Education

**DAY/TIME PREFERENCE** (*We will accommodate your preference whenever possible*.)

Monday AM

Monday PM

Tuesday AM

Tuesday PM

Wednesday AM

**REPEAT SESSION**

Would you agree to do a “repeat” of our presentation?  Yes No

Same day

Different day

**SEATING ARRANGEMENT**

All sessions shall be one hour and 15 minutes in length. Meeting rooms will be arranged classroom style for approximately 40 people.

**PLEASE NOTE!**

1. As a non-profit organization we are unable to provide presenters with an honorarium or to reimburse program participants for expenses.
2. Presenters must register for the conference following the selection of their workshop. This application will act as the registration form. In addition, presenters must pay a $50.00 non-refundable conference registration fee. *This fee covers the conference materials, lunch and coffee breaks for single-day presenters, a $75.00 saving over the one-day registration fee.* Three meals each day, coffee breaks and the welcoming reception are all included in the hotel registration fee for those staying in-house. For further details, please refer to the website at: [**www.FamilyInvolvementConference.com**](http://www.FamilyInvolvementConference.com)
3. The discount is limited to the presenter and one co-presenter.
4. Submit this presentation application electronically to Caroline Allen at [callen@csc.csiu.org](mailto:callen@csc.csiu.org) or by mail to:

Ms. Caroline Allen, Coordinator

PA Statewide Afterschool Youth Development Network (PSAYDN)   
275 Grandview Avenue Suite 200, Camp Hill, PA 17011

Fax 717-763-2083

Phone 717-763-1661 ext. 205

**PROPOSALS MUST BE RECEIVED BY MARCH 12, 2014**

**AUDIO-VISUAL EQUIPMENT IS THE RESPONSIBILITY OF THE PRESENTER.**

**Presenters Signature** **Date**

**Visit us at** [**www.FamilyInvolvementConference.com**](http://www.FamilyInvolvementConference.com)