



2012 Spring Conference May 7th – 10th at the Sheraton Baltimore North, Towson, Maryland

Workshop Proposal Form

Due Date: December 30, 2011 (Phase One)

Presenter Information

Primary Presenter Contact Person* _____ Title _____

Agency/Program/Company* _____

Phone* _____ E-mail* _____ Fax _____

Street Address* _____

City* _____ State* _____ Zip* _____ *These answers are required.

Title of Workshop/Seminar: _____

Format (e.g. highly-interactive workshop or lecture style seminar): _____

Event/Conference where you most recently presented: (if applicable): _____

Most effective time frame for your workshop: *Note: All Conference blocks are for 1.5 hours.*

One Block Session (1.5 hours) _____ Double Session (3.0 hours) _____ Triple Session (4.5 hours) _____

If requesting a Double or Triple Session, is the workshop structured such that a participant must attend both or all three session blocks? Yes, they must attend all blocks _____ No, each workshop block can stand alone _____

Would you be willing and able to present this session twice during the conference? Yes _____ No _____

Other Presenter(s): (Name, title, complete address, phone or fax, and email):

Presenter 2	Presenter 3
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One to two sentence bio(s) for inclusion in Conference Brochure:

Presenter 1	Presenter 2
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Use additional page if more than two presenters

Description of Workshop for inclusion in the Conference Brochure:

Target Audience of Workshop (You may choose more than one):

- | | |
|--------------------------------------|---------------------------------------|
| Teachers _____ | Administrators _____ |
| Family Services Staff _____ | Health/Nutrition Services Staff _____ |
| Disabilities Staff _____ | Transportation Staff _____ |
| Pre-K Teachers _____ | Head Start Professionals _____ |
| Early Head Start Professionals _____ | Child Care Providers _____ |
| Parents _____ | Policy Group/Board Members _____ |
| Other _____ (explain) | |

Workshop Track you believe this training could fall under (You may choose more than one):

- Early Head Start / Infants & Toddlers (birth to 3) _____
- Head Start / Pre-School (3 to 5) _____
- Family Services _____
- Health and Wellness (includes Nutrition, Health, Mental Health & Disabilities, etc) _____
- Professional and Personal Development _____
- Administrative (includes Leadership, Human Resources, Fiscal, etc) _____

Experience level appropriate for presentation or training attendees (e.g. any, beginning, intermediate or advanced): _____

AV needs: _____ (MHSA will provide a PowerPoint Projector in each workshop room. Presenters are expected to provide their own laptop if necessary)

Workshops are Monday afternoon, May 7th through Thursday morning, May 10th please indicate the date(s) that you are available to present.

- | | |
|--------------------------------------|-------------------------------------|
| Monday May 7 th _____ | Tuesday, May 8 th _____ |
| Wednesday, May 9 th _____ | Thursday, May 9 th _____ |

The MHSA Spring Training Conference does not compensate trainers for workshop presentations. As a thank you for providing your expertise to our Conference Attendees, presenters will be offered one (1) night's stay in the conference hotel *or* mileage reimbursement, plus a One-Day (1) Registration for the day of their presentation/workshop.

You will be notified as soon as possible if your workshop has been selected for inclusion in the 2012 Conference schedule. The first phase of submissions ends *December 30, 2011*. If at that time we have not received enough quality proposals that fit within our conference goals and objectives, we will recruit for more workshop proposals during phase two.

Please return your completed Workshop Proposal Form by December 30, 2011 to either the MHSA Executive Director at execdir@md-hsa.org or info@md-hsa.org or to the person who recruited you for participation.

Thank you
MHSA Conference Planning Committee