

Proposal to Present Form

Deadline: March 31, 2017

Receipt of your proposal to present will be confirmed via email. **If your proposal is approved, you will be notified by May 15, 2017.** Accepted presenters must register and pay the full registration fee. **This form cannot be used to register for the conference.** If you have questions, call (404) 962-9629 or email summerstaffdev@sreb.org.

Ways to submit:

- Online: www.sreb.org/networkingconference
- Email: summerstaffdev@sreb.org
- By fax: (404) 872-1477
- By mail: Southern Regional Education Board
Attn: Networking Conference
592 10th St. N.W.
Atlanta, GA 30318-5776

Who is the target audience?

- Participants new to LDC/MDC
- Participants who have experience with LDC/MDC

Will your session focus on LDC, MDC or both?

- LDC
- MDC
- Both

Audiovisual Requirements*

- Microphone
- Flip chart and markers
- None needed

Session Layout**

- Theater Seating
- Roundtable/Classroom

*Items must be requested at least 60 days prior to the conference. **If you plan to show a PowerPoint presentation, you will need to bring your own projector and laptop.** In the event you are unable to provide your own and need AV equipment on-site, you may obtain it at your own expense through Tech Rentals — (800) 967-2419.

**We will do our best to accommodate session layout preferences, however, logistics may require us to organize the room according to the needs of attendees.

Conference Objective _____. You may choose only one objective per session. (Example: 1)

Session Length:

- 60-minute session 120-minute session Mini-sharing session (two 30-minute sessions)

Are you willing to repeat this session? Yes No

1. Presenter's Name _____

School or Organization _____

How long have you been using LDC/MDC?

- Less than a year 1 year 2 years 3 years or more

How many MDC FALs have you implemented?

- 1-3 4-5 6-8 9 or more Not applicable

How many LDC modules have you implemented?

- 1-2 3-4 5-6 7 or more Not applicable

Mailing Address _____

Job Title _____ Content Area (if applicable) _____

Personal Email _____ Daytime Phone Number (_____) _____ - _____

Have you presented before? (Check one) Yes No

Proposal to Present Form (continued)

2. Presenter's Name _____

School or Organization _____

How long have you been using LDC/MDC?

Less than a year 1 year 2 years 3 years or more

How many MDC FALs have you implemented?

1-3 4-5 6-8 9 or more Not applicable

How many LDC modules have you implemented?

1-2 3-4 5-6 7 or more Not applicable

Mailing Address _____

Job Title _____ Content Area (if applicable) _____

Personal Email _____ Daytime Phone Number (_____) _____ - _____

Have you presented before? (Check one) Yes No

3. Presenter's Name _____

School or Organization _____

How long have you been using LDC/MDC?

Less than a year 1 year 2 years 3 years or more

How many MDC FALs have you implemented?

1-3 4-5 6-8 9 or more Not applicable

How many LDC modules have you implemented?

1-2 3-4 5-6 7 or more Not applicable

Mailing Address _____

Job Title _____ Content Area (if applicable) _____

Personal Email _____ Daytime Phone Number (_____) _____ - _____

Have you presented before? (Check one) Yes No

Proposal Information:

The session title and abstract may be edited before it is printed in the conference program. Please write concisely and proofread thoroughly before submitting.

Session Title (up to 220 characters with spaces):

Session Abstract (up to 220 characters with spaces):

Further Description (up to 220 characters with spaces): — Please provide any additional information that will help us understand your session. Include any data you've used to identify problems and solutions, changes you've made, and how they affected student achievement. This information may appear in the conference program.

Evidence (up to 220 characters with spaces): — Please show evidence that what you have done has produced positive results.