

Proposal to Present Form

Deadline: March 1, 2018

This form is for the 32nd Annual High Schools That Work Staff Development Conference. Receipt of your proposal to present will be confirmed via email. If your proposal is approved, you will be notified by April 30, 2018. 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.

There three ways to submit:

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

SREB Program Area	Session Length	Session Layout**	Audiovisual Requirements*
<input type="checkbox"/> HSTW	<input type="checkbox"/> 60 minutes	<input type="checkbox"/> Theater Classroom	<input type="checkbox"/> Microphone
<input type="checkbox"/> MMGW	<input type="checkbox"/> 120 minutes	<input type="checkbox"/> Roundtable Seating	<input type="checkbox"/> Flip chart and markers
<input type="checkbox"/> TCTW	<input type="checkbox"/> Mini-sharing (two 25-minutes)		<input type="checkbox"/> None needed
<input type="checkbox"/> Advanced Career			
<input type="checkbox"/> Other			

SREB Content Area			
<input type="checkbox"/> Art/Theater	<input type="checkbox"/> Guidance/Advisement	<input type="checkbox"/> Other	<input type="checkbox"/> Special Education
<input type="checkbox"/> Career/Technical Education	<input type="checkbox"/> Leadership	<input type="checkbox"/> Project-based Learning	<input type="checkbox"/> Technology
<input type="checkbox"/> English/Language Arts	<input type="checkbox"/> Library Sciences	<input type="checkbox"/> Science	<input type="checkbox"/> Transition
<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Social Sciences	<input type="checkbox"/> Work-based Learning

*Items must be requested at least 60 days prior to the conference. **If you plan to show a 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 On Stage — (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.

Proposal Information:

Your session must align with one of the conference [objectives](#). 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 10 words):

Conference Objective and sub-objective (for example 2b): _____. You may choose only one sub-objective per session.

Are you willing to repeat this session?

- Yes No

Session Abstract (up to 100 words):

Proposal to Present Form (continued)

Further Description — Please provide any additional information that will help us understand your session. Include any data you've used to identify problems and solutions, changes made, and how they affected student achievement.

How does this session align to the conference objective you selected?

1. Presenter's Name _____
School or Organization _____
HSTW/MMGW/TCTW Site? (Check one) Yes No If yes, how long? _____
Mailing Address _____
City, State, Zip _____
School Location
 Rural Suburban Urban Other
School Size (per grade level)
 Small (fewer than 100) Medium (100 - 250) Large (more than 250) Not Applicable
Job Title _____
Email _____ Daytime Phone Number (_____) _____
Have you presented before? (Check one) Yes No Exhibitor? (Check one) Yes No

2. Presenter's Name _____
School or Organization _____
HSTW/MMGW/TCTW Site? (Check one) Yes No If yes, how long? _____
Mailing Address _____
City, State, Zip _____
School Location
 Rural Suburban Urban Other
School Size (per grade level)
 Small (fewer than 100) Medium (100 - 250) Large (more than 250) Not Applicable
Job Title _____
Email _____ Daytime Phone Number (_____) _____
Have you presented before? (Check one) Yes No Exhibitor? (Check one) Yes No

3. Presenter's Name _____
School or Organization _____
HSTW/MMGW/TCTW Site? (Check one) Yes No If yes, how long? _____
Mailing Address _____
City, State, Zip _____
School Location
 Rural Suburban Urban Other
School Size (per grade level)
 Small (fewer than 100) Medium (100 - 250) Large (more than 250) Not Applicable
Job Title _____
Email _____ Daytime Phone Number (_____) _____
Have you presented before? (Check one) Yes No Exhibitor? (Check one) Yes No