



South Carolina Association for the Education of Young Children

# 2017 Conference

## Making a Difference

*Peer Reviewed*  
**CALL FOR PRESENTATIONS**  
**October 13 – 14, 2017**  
**Midlands Technical College**  
**Airport Campus**  
**Columbia, SC**

**PROPOSAL DEADLINE: May 31, 2017**  
*Notification of Acceptance: June 30, 2017*

**You may submit this form by mail to SCAEYC, Box 552, Union, SC 29379 or e-mail to [sallym@usca.edu](mailto:sallym@usca.edu).**

**Presenter:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position/Title: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**Co-Presenter:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position/Title: \_\_\_\_\_

Place of Work \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**A one-day complimentary registration is provided for the LEAD Presenter ONLY for each session. All other presenters will need to register for the conference.**

**A lunch on the day of the presentation will be provided for each presenter.**

**Please indicate here if you would like a lunch.**

**Each room is fully multimedia.**

**Please check which classroom setup will work best for your presentation:**

**Classrooms - 25 - 48.**  **Room with tables (capacity 168).**

**Please indicate if you would be willing to present your session more than once:**

Yes  No

**DSS credit** will be given for training. Please indicate the Session and Track your presentation will address:

**Session**

- Growth & Development     Curriculum     Administration     Health/Safety  
 Nutrition     Guidance/Discipline     Special Needs     Professional Development  
 Physical Activity

**Track**

- Infant/Toddler                                       Preschool                                       5K-Primary  
 Administrators                                       Accreditation/DAP

**Please indicate which of the following best describes those who would benefit from your presentation:**

- Beginner                                       Intermediate                                       Advanced
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**Presentation Title:**

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**REQUIRED FOR CONSIDERATION:** Please summarize your session in 1-3 sentences. This description will appear in our final program to inform participants about the content of your presentation.

**Summary:**

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Please provide an outline of how your information will be presented: