



# South Carolina Association for the Education of Young Children

## **2019 Conference** Turning the Key for Young Readers

*Peer Reviewed*  
**CALL FOR PRESENTATIONS**  
October 4-5, 2019  
Midlands Technical College - Airport Campus  
1260 Lexington Dr.  
West Columbia, SC 29170

**PROPOSAL DEADLINE: May 31, 2019**  
*Notification of Acceptance: June 30, 2019*

You may submit this form by e-mail to [melany529@aol.com](mailto:melany529@aol.com)

**Presenter:**

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

Position/Title: \_\_\_\_\_ Place of Work: \_\_\_\_\_

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 the lead 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:**

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