CARE of Southeastern Michigan's 24th Annual Parenting Conference Saturday, March 23, 2019

Workshop Speaker Proposal

Proposal due: November 30th Speaker confirmation given by: December 7th



Presenter Name:							
	Credentials (if Applicable):						
(The presenter	's CV/Resume and Bio must be attached to this application)						
Company/Agency:							
Address:							
City:	Zip Code:						
Phone:	Fax:						
Email:							
Title:	Credentials (if Applicable):						
(The presenter	's CV/Resume and Bio must be attached to this application)						
Company/Agency:							
Address:							
City:	Zip Code:						
Phone:	Fax:						
Email:							
Presentation Topic:							
Title:							
Presentation	time: 75 minutes in length. Attach copies of all handouts.						
Description of Presentation (A course):	brief description of the topics and activities that will be addressed during the						

List five (5) main p	oints' paren	ts can ex	pect to t	ake home	:		
1.							
2.							
3.							
4.							
5.							
This presentation	topic is gear	ed towar	ds those	with child	l ren: (circle	all that app	oly)
	Ages:	0-5	5-9	9-13	13-18	Any Age	
Speaker biograpl	•		•	•	need to e dditional p	•	ce):
list:	ommendation						our session? Please
1.	,	•			, ,		, ,,
2.							
3.							
ALL SPEAKERS <u>MU</u> BRING YOUR OWN							
Going Green: In an effort to save placed on a USB th The deadline will b	at will be giv	en to all					e your materials
Yes, I	am willing to am willing to would like b o	have pd	f version	s of my ha	ndouts incl	uded.	
Presenter: You are invited to I	have lunch a	t the con	ference.	Will you b	e joining us	s? Yes	No
				-	-	No	
Co-Presenter:	المساورية		fauc	VA7:11 1	a latete :	2 Vc-	B1 -
You are invited to l				-	e joining us Yes	· · · · · · · · · · · · · · · · · · ·	

Return proposal to: CARE of Southeastern Michigan,
ATTN: Teresa Sandner, 31900 Utica Road, Fraser, MI 48026
tsandner@careofsem.com or 586.541.0034 (fax)

Questions? 586.218.5280