

# CARE of Southeastern Michigan's 27th Annual Parenting Conference Saturday, March 4, 2023



## Workshop Speaker Proposal

**Proposal deadline: October 15**

Speaker confirmation given by: December 1

### Presenter requirements:

1. Please fill out all fields on this form.
2. A bio and headshot will be used for conference program. Please **email** the headshot.
3. The presenter will provide any handouts on the day of the conference.
4. Please arrive 30 minutes before your presentation and check-in at the registration table.
5. In the event of cancellation, presenter will notify the event coordinator in a timely manner and suggest a substitute presenter who is knowledgeable on the presentation submitted.
6. The presenter will arrive prepared to facilitate the session in-person for one hour. **The one-hour time frame is mandatory for CEUs.**

**Workshop title:** \_\_\_\_\_

*Presentation time: 60 minutes in length.*

**Presenter Name:** \_\_\_\_\_

Title: \_\_\_\_\_ Credentials (if Applicable): \_\_\_\_\_

(The presenter's CV/resume and bio must be attached to this application)

Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Will there be a co-presenter?**  **Yes**  **No**

**Co-presenter Name:** \_\_\_\_\_

Title: \_\_\_\_\_ Credentials (if Applicable): \_\_\_\_\_

(The co-presenter's CV/resume and bio must be attached to this application)

Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Description of Presentation that will appear in program:** (A brief description of the topics and activities that will be addressed during the course):

List five (5) main points' parents will learn. These will become part of your evaluation for the workshop.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

This presentation topic is geared towards those with children: (circle all that apply)

Ages:    0-4    5-12    13-18    Any Age

**Speaker biography to be printed in program (we may need to edit for space):**  
*(Please attach additional page)*

**One (1) book citation published within the last 5 years.**

\*\*This information is mandatory for CEU applications.

1. \_\_\_\_\_

**Return by mail, email, or fax to:** CARE of Southeastern Michigan,  
ATTN: Teresa Sandner, 31900 Utica Road, Fraser, MI 48026  
[tsandner@careofsem.com](mailto:tsandner@careofsem.com) or 586.541.0034 (fax)  
Questions? 586.218.5280