



30th Annual Wisconsin Family Child Care Conference
April 28-30, 2011
Kalahari Resort & Convention Center
1305 Kalahari Dr.
Wisconsin Dells, WI 53965
www.kalahariresort.com
(877) 254-5466

PRESENTER PROPOSAL

Name(s):
Business Name(s):
Address:
Phone: Best time to call:
E-mail:

PLEASE CIRCLE ANSWERS BELOW

Are you an Approved Registry Trainer? (please circle) Yes / No

If yes, what is your Registry ID#:

What level is your training: (please circle) Registered / Approved Tier 1
(if Tier 1, please list goals & objectives of training on back of this sheet)

Qualifications/Current Position(s):

Workshop Title:

Description of Workshop (as it will appear in program book):

Who would this workshop be most appropriate for? (please circle)

New providers / Experienced providers / both

I am available: (please circle)

Both days / Friday am / Friday pm / Saturday am / Saturday pm

Would you be willing to repeat your presentation? (please circle)

No / Yes-same day / Yes - either day

Please note: Your Workshop will be 60 minutes in length. Do you wish to request consideration for a double session? (please circle)

Yes / No

Room requirements/Set up of tables and chairs

AV equipment is not included. Presenter is responsible for providing their own AV equipment.

Please return proposal via regular or e-mail, by December 1, 2010 to:

Shirley Collins

1359 W. Brewster St.

Appleton, WI 54914

Phone: 920-731-7098

E-mail: collins.wi@earthlink.net