



29th Annual Wisconsin Family Child Care Conference

October 2009

Dear Child Care Professional,

The 29th annual Wisconsin Family Child Care Conference will be held May 6-8, 2010, at the Kalahari Resort & Convention Center in Wisconsin Dells, WI. Currently we are seeking qualified professionals from the Early Childhood and allied fields to present workshop sessions. Please consider submitting a proposal.

As you are aware, the caliber and diverse content of the workshops is, in great part, what defines the quality of the conference. We hope to offer a wide variety of topics to both new and experienced providers and teachers.

Please fill out the enclosed presenter proposal and return it prior to December 1, 2009, so your entry can be among those considered for the conference. Please complete the description area, as you would like it to appear in the program book. If there is more than one presenter/workshop, list all the names on the presenter proposal. Workshop sessions will be one hour (50 minutes) in length. Requests for double sessions will be considered. Presenters will be responsible for their own travel, lodging, and AV needs. There will be a hostess assigned to each workshop. No selling is allowed during your workshop, however, you may sign up for the "Presenter's Market Place" by calling Shirley Collins at (920) 731-7098 or e-mail her at collins.wi@earthlink.net. In addition, no children are allowed in workshops with the exception of nursing mothers with infants.

If you have any questions or need additional information, do not hesitate to contact me at (920) 731-7098 or collins.wi@earthlink.net.

We hope you will take this opportunity to network and support family childcare providers through your participation in this conference. Thank you.

Sincerely,

Shirley Collins
WFCCA Presenter Chairperson



29th Annual Wisconsin Family Child Care Conference
May 6-8, 2010
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:

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, 2009 to:

Shirley Collins

1359 W. Brewster St.

Appleton, WI 54914

Phone: 920-731-7098

E-mail: collins.wi@earthlink.net