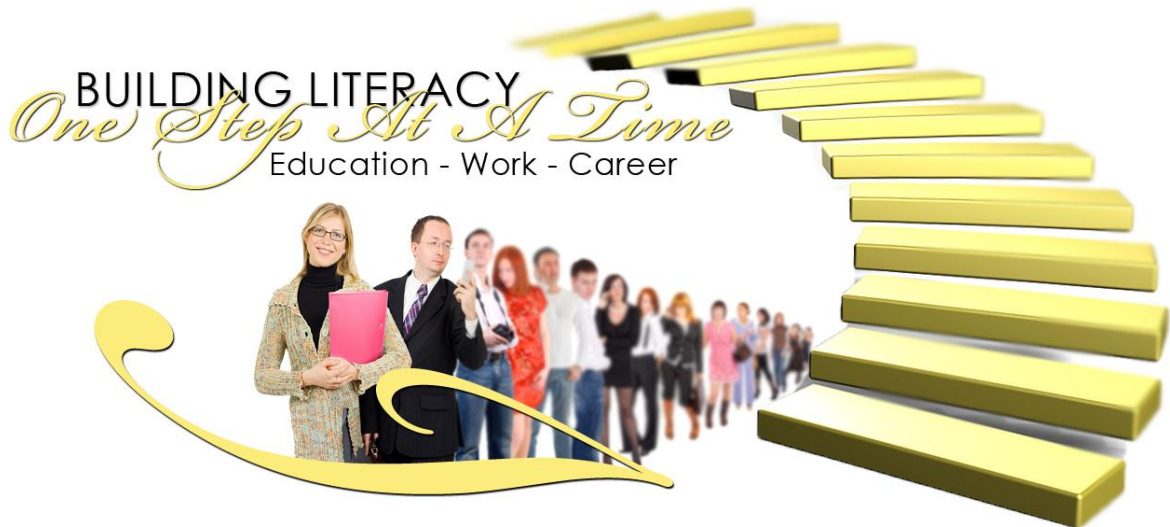


## CALL FOR PRESENTERS



**October 27-28, 2011**

*Wyndham Hotel, Little Rock, Arkansas*

# **Arkansas Association for Continuing and Adult Education & Arkansas Literacy Councils**

### **GENERAL INFORMATION**

The Arkansas Association of Continuing and Adult Education and Arkansas Literacy Councils invite you to present at the annual conference, October 27-28, 2011. The Association or ALC is unable to reimburse program presenters for travel or hotel expenses or provide an honorarium unless otherwise arranged. **All program presenters must register and pay regular conference fees.** In order to provide a balance in program planning, the Program Committee reserves the right to suggest modifications in proposals or disqualify incomplete proposals. Proposals should be postmarked no later than September 1, 2011. **Please consider your proposal accepted unless you are otherwise notified.**

### **PROGRAMFORMAT**

The one hour **SESSIONS** are designed for presenters to provide an overview of a specific topic or a research report related to a topic. Two hour **WORKSHOPS** are designed to provide in-depth coverage of a specific topic.

### **CRITERIA FOR SELECTION**

Relevance of the topic to the conference theme and its major strands, quality and clarity of objectives, content, organization, and method of presentation are major factors in considering proposals. *Disqualifying factors include but are not limited to the promotion of commercial materials or programs, content unrelated to adult education or literacy, and failure to complete the proposal according to the guidelines.*

**CALL FOR PRESENTERS**  
AACAE & ALC Conference

**I. PERSON SUBMITTING PROPOSAL** (Please type or print.)

Dr., Miss, Mrs., Ms., Mr. \_\_\_\_\_

(Last) (First) (Middle Initial)

Title or Position \_\_\_\_\_

Program \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ (H) \_\_\_\_\_ (W)

E-mail Address \_\_\_\_\_ FAX # \_\_\_\_\_

Are you a member of the AACAE?  Yes  No

**II. TYPE OF SESSION**

SESSION (1 hour - preferred)       WORKSHOP (2 hours)

Thursday Time Preference: \_\_\_\_\_       Friday Time Preference: \_\_\_\_\_  
Sessions begin after 11:00                                      Conference Ends at Noon

**III. TITLE OF SESSION** \_\_\_\_\_

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CALL FOR PRESENTERS**  
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**V. TARGET AUDIENCE**

- Instructor       Administrator       Paraprofessional  
 Tutor       Volunteer       Other \_\_\_\_\_

**V. AUDIO VISUAL EQUIPMENT REQUEST**

Will you be bringing your own equipment?  Yes  No

**LCD Projector & Screen – will be provided in each room**

- Yes  No Internet?  
 Yes  No Overhead projector & Screen?  
 Yes  No TV/VCR?  
 Yes  No Flip Chart & Easel?

***(Note: Participants are encouraged to bring their own AV equipment.)***

**VI. ADDITIONAL PRESENTER INFORMATION** (if multiple presenters)

Please complete this list of names and email addresses of all presenters. The contact person should be listed first. Permission should be secured from all individuals before submitting the proposal.

Name & Program	Email Address

I understand that I will not be reimbursed for any expense by the **AACAE & ALC CONFERENCE** and I must register and pay regular conference fees.

\_\_\_\_\_  
(Signature of person submitting proposal)

***Please check to be sure that all information is included.*** Incomplete proposals may be disqualified. Questions should be directed to Kendall Morrison, (870) 368-2051, [kmorrison@ozarka.edu](mailto:kmorrison@ozarka.edu).

Mail or fax the application form to:  
**Kendall Morrison, AACAE Vice-President**  
**C/O Arkansas Adult Learning Resource Center**  
**525 West Capitol**  
**Little Rock, AR 72201**

**Fax 501-907-2492**