



WHAT IF - - -

**CCCAOE Fall 2010 Conference
October 27-29, 2010
Crowne Plaza Anaheim Resort**

CALL FOR PRESENTATIONS

The Fall CCCAOE Conference will provide you with the opportunity to share the adventure you experienced by asking "WHAT IF - - -" Now is the time to write and submit your Conference Proposal.

Fall 2010 Focus Topics:

"WHAT IF - - -" we

- Change our approach to situations?
- Invite new partners to the table?
- Improved communications?
- Use technology effectively?
- Focus on student success?
- Strengthen CTE Programs?
- Take the leadership role?
- Streamlined processes?
- Increased productivity?
- Combined programs?
- Work smarter?
- Have fun?

Use the form below to submit your proposal.

WHAT IF - - -

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CONFERENCE PROPOSAL FORM

FALL 2010 Focus Topic:

- What IF - - - _____
- Other: _____

Presentation Format (select one):

- 75-minute breakout workshop Poster session (Please complete #1, 3 and 6 below)

1. Presentation Title (10 words or less)

2. Presentation description (50 words or less)

3. Abstract (one paragraph including the following)

- Top three points that participants will gain from your presentation/poster session
- Interaction with your audience (small group discussion, role play, Q&A – be creative, be fun)
- Methods and materials you will use (overheads, PowerPoint, icebreakers, hand-outs)

4. Equipment/Technology

a. Provided at no cost, **check if requesting:**

- Screen
 Flip chart

b. PowerPoint Presentation

Equipment presenter will be bringing (not provided by CCCAOE):

- Data/video (LCD) projector
 Computer
 Other _____ (describe)

c. There will be a charge to you to provide Internet access/telephone line/VCR, monitor.

Equipment you are requesting at your individual/added cost:

- Internet
 Telephone conference call line

Other _____ (describe)

5. Speaker qualifications and background (one paragraph maximum)

6. Speaker/s (maximum of four speaker/presenters) or Poster Session Contact:

a. **Contact Person**

Name(s) & Title(s)**
College or Organization
Work address including city, state, zip
Day & evening phone numbers
Email address

b. **Additional Presenters**

Name(s) & Title(s)**
College or Organization
Work address including city, state, zip
Day & evening phone numbers
Email address

7. Day and/or Time Constraints (every effort will be made to accommodate your request)

8. Expenses and Signature:

The Contact Person above agrees to the guidelines for submitting proposals and to inform all presenters that they are required to register and pay the conference registration fee and that neither honoraria nor expenses will be paid to program presenters. Presenters will be charged for items listed in section 4c if requested. Presenters who attend for one day are eligible for a special conference rate.

Signed: _____ Date: _____

Email your completed proposal to boedgin@cccaoe.org

Presenters **MUST register for the conference. Register online at www.cccaoc.org or www.ccccio.org

**Deadline to submit proposal:
Wednesday, June 2, 2010**