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## 2004 Title I Statewide Conference

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DISNEY CORONADO SPRINGS  
ORLANDO, FLORIDA  
November 7-10, 2004

### CALL FOR PROPOSALS

**PRESENTER(S) INFORMATION (PLEASE TYPE OR PRINT)**

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
School District/Agency/Organization: _____	
Address: _____	
(Street Number)	(City) (State) (Zip Code)
Telephone Number: ( ) _____	Fax Number ( ) _____
E-mail (For Major Contact Person): _____	

**PLEASE CHECK THE TITLE I STRAND YOUR PRESENTATION WILL TARGET**

**PLEASE CHECK THE TOPIC(S) YOUR PRESENTATION WILL TARGET**

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Program Administration                    | <input type="checkbox"/> Curriculum & Instruction                  | <input type="checkbox"/> Supplementary Educational Services      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Professional Development/Highly Qualified | <input type="checkbox"/> Accountability & Adequate Yearly Progress |  | _____                                |
| <input type="checkbox"/> School Improvement                        | <input type="checkbox"/> School Choice                             | <input type="checkbox"/> Non Public Schools                      |                                      |
| <input type="checkbox"/> Neglected & Delinquent                    | <input type="checkbox"/> Homeless                                  | <input type="checkbox"/> English for Speakers of Other Languages |                                      |
| <input type="checkbox"/> Parent Involvement/Parents' Right to Know |  |  |                                      |

**Please Note:** If selected, presenters will be requested to provide an electronic copy of any PowerPoint or other media-based presentation by October 4, 2004, so that it may be included on a CD which will be provided to all participants.

Are you a vendor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Company Name: _____
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Sessions will be scheduled as follows:

- 1 hour and 30 minutes
- 1 hour and 15 minutes

Selections will be made and presenters notified by Friday, September 24, 2004

### CALL FOR PROPOSALS

#### PRESENTATION TITLE

PRESENTATION TITLE (Please type or print):

#### PRESENTATION DESCRIPTION

*(Describe in 150 words or less using complete sentences. Please type or print)*

**NOTE: Please e-mail presentation description to Sharon Mitchell, [mitchells@paec.org](mailto:mitchells@paec.org), by September 10, 2004.**

<b>THE FOLLOWING AUDIO/VISUAL EQUIPMENT WILL BE PROVIDED BY THE FORUM:</b>	<b>Hand-Outs</b> <b>Will there be hand-outs for participants?</b>
Flip Chart      Overhead Projector      LCD Projector	<input type="checkbox"/> YES <input type="checkbox"/> NO
Screen      VCR	<i>If yes, please provide a minimum of 60 copies for distribution.</i>

**TO PRESENTER:**

*Required Field, please mark.*

As a presenter at the 2004 Title I Statewide Conference, I am required to register for the conference. I am also responsible for my hotel, food, travel, additional computers, AV and handout expenses and registration.

\_\_\_\_\_  
*Signature of Presenter (Required)*

Biography (please be brief):

*All information submitted becomes property of Florida Department of Education (FDOE) and Florida Association of State and Federal Program Administrators (FASFEPA).*

*For questions, please call: Ms. Sharon Mitchell at (850) 638-6131, ext. 2230.*