Georgia Preschool Association 2025 Annual Conference Call for Proposals DEADLINE FOR PROPOSALS: MAY 1, 2024

Proposals should include the following:

- Completed Call for Proposal application see page 2
- Resumé for each presenter
- Outline of Workshop including:
 - o Presenter Name(s) and brief description of qualifications
 - o Description of Workshop Session
 - List of three (3) measurable learning objectives
 - Outline of workshop that includes presentation methods
- Bright From The Start approval letter if your presentation has previously received BFTS approval

Proposals will be evaluated by the conference committee and selections made based on the needs and interests of the GPA membership.

After review, the GPA Conference Chairperson will contact you by email regarding proposal selection.

Letters of Agreement will be issued in June for the following year's conference.

Workshop sessions will be 1 ½ hours in length.

All presenters will be offered the following from Georgia Preschool Association:

- An honorarium in the amount of \$125 per session presented,** unless another amount is approved by the conference committee.
 - **This means that each session will be paid this amount, not each person.
- Lunch on presentation day(s)
- Up to \$100 in consumable supplies (with receipts)
- Hotel Room(s) as needed for presentation days.
- Up to \$100 in travel expenses unless another amount is approved by the conference committee.
- Lapel microphone, projection screen, table for projector and display tables will be provided.
 - Please provide your own Laptop computer and LCD projector.
- Exhibit Hall space may be negotiated with the conference committee chairperson.
 - o If not part of the agreement, presenters may contact the Exhibit Hall coordinator to pay for space.
- All other expenses will be the responsibility of the presenter.

The GPA Annual Conference is held in late February/early March.

Please email the proposal application, resume and outline by May 1, 2024 to: trainingwithgpa@gmail.com

Call for Proposal Application

Name:		
Address:		
Primary Phone #:	Secondary Phone #:	
Email Address:		
Social Security Number or Federal	Tax ID Number:	
Place of Employment:		
Current Position:		
Title of Workshop:		· · · · · · · · · · · · · · · · · · ·
Please select a topic that most de	scribes your workshop:	
Administration/Management	Assessments/Observation	Child Development
Culture/Diversity	Dual Language/Spanish	Art
Math	Music	Literacy
Movement	Discipline/Class Management	Health & Safety
Faith Based	Special Needs	Professionalism
Sign Language	Other (specify)	
Appropriate Age Group: (please ch	neck all that apply)	
All AgesInfants	Toddlers Twos	Threes
Fours Kindergarten	1st Grade 2nd-3i	rd Grade
Which days are you available to p	resent? FRIDAY SATURDA	ΑY
Would you like information about	our Exhibit Hall? YES NO	

Please submit a current resumé and an outline of your workshop (see what needs to be included, page 1), in addition to this application.

- If you are submitting more than one workshop for approval you should attach an outline for each one.
- If a workshop has more than one presenter, please submit a second Call for Proposal application with personal information completed and a current resume.