



**WORKSHOP PROPOSAL FORM**

**KENT REGIONAL 4C  
37<sup>TH</sup> EARLY CHILDHOOD CONFERENCE  
SATURDAY, JANUARY 29, 2011**

**Kent Regional 4C**

Your Community  
Child Care Connection

All workshops will be presented between 8:30 a.m. and 4:00 p.m. Longer workshops may have a 10 minute break in the middle. A maximum of two presenters per proposal will receive complimentary conference registration which includes lunch.

**Presenter Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Business or Organization** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/Zip** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Co-presenter Name (If Applicable)** \_\_\_\_\_ **Title** \_\_\_\_\_

**Business or Organization** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/Zip** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

\*Your co-presenter must be listed at the time of this proposal submission. If a co-presenter is added later, he/she will NOT receive the free conference registration.

**\*Workshop or Learning Fair Title** \_\_\_\_\_

**\*Description and objectives of workshop** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Kent Regional 4C reserves the right to edit your workshop title or description. The version to be used in our publications will be sent to you in your letter of agreement if you are selected to present.*

Please fill out the back of this form with additional information about your workshop. —————>

**Length of workshop** (Please circle one):                      1 Hour      2 hours      5 hours

**Learning Fair** (Please circle one):                      Yes      No

**Are you willing to repeat this workshop?** (Please circle one):                      Yes      No

**Level of Participant** (Circle one):      Beginner                      Advanced                      General

**Is your workshop specifically directed toward one type of program?** (Please circle one):

Center-based      Home-based      School-based      Any      Other \_\_\_\_\_

**Audio/Visual Equipment is only available at your cost.**

\*You may bring in your own **laptop and LCD projector** and use it at no cost. There will be a charge for any other Audio/Visual equipment that is rented through or brought into the Crowne Plaza. Please call Laura @ 616-451-8281 x 225 for a price list if needed.

---

**Please select the track that encompasses your workshop subject matter.**

(Select two at most)

\_\_\_\_\_ **Child Development and Learning**

\_\_\_\_\_ **Teaching and Learning**

\_\_\_\_\_ **Health, Safety and Nutrition**

\_\_\_\_\_ **Observation, Documentation and Assessment**

\_\_\_\_\_ **Family and Community Collaboration**

\_\_\_\_\_ **Interactions and Guidance**

\_\_\_\_\_ **Program Management**

\_\_\_\_\_ **Professionalism**

**Proposal Requirements – We need these pieces so we can request CEU credit from Grand Valley State University for our conference.**

- Complete both sides of the proposal form**
- Please attach a brief resume listing work experience and education of the primary presenter**
- Please attach a more complete description of your workshop:**
  - No more than one page
  - Include learning objectives and content outline.

**Please return this proposal for consideration no later than August 31, 2010 to:**

Kent Regional 4C  
Attn: Laura Baumeister  
233 East Fulton, Suite 107  
Grand Rapids, MI 49503

**Questions? Contact us at:**

(616) 451-8281 ext. 225 or (800) 448-6995 ext. 225

Email: [laurab@4Cchildcare.org](mailto:laurab@4Cchildcare.org)