

Community Day School Network 2002-2003 Annual Statewide Conference
January 13 -14, 2003 (Pre-Conference Session on January 12, 2003)
Holiday Inn Capitol Plaza - Sacramento, California

Call for Workshop and Carousel Presenter Proposal Form (Please type or print, and complete the entire form.)
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Showcase your exemplary model school programs, strategies and/or plans. Help other school districts and county offices of education better ensure that “no child is left behind.”

Workshop Presenter

Carousel Presenter

List the Topic Strand(s)

Workshop/Carousel Title *(If your proposal is accepted, this title will be printed in the conference program):*

Description *(If your proposal is accepted, this description will be printed in the conference program. Please attach up to two (2) pages of supporting documentation, i.e., brochures, press clippings, project plans, etc):*

What do you expect the participants should know or be able to do at the conclusion of your presentation?

Target Audience - circle those most appropriate:

- | | | | | | |
|----------|----------------|----------|--------------------------|----------|-----|
| Teachers | Administrators | Parents | Student Support Services | Agencies | All |
| Small SD | Medium SD | Large SD | | | |
| Rural SD | Suburban SD | Urban SD | | | |

Workshop Presentation Format *(Please circle the format(s) to be utilized during your workshop.)*

- Lecture Panel Interaction Multi-media Audience Participation Role Playing
Audience Interaction Question and Answer Other (please indicate) _____

Presenters: Workshop presenters will consist of the lead presenter and may include a maximum of three (3) co-panelists. The Lead presenter oversees the workshop development, coordinates pre-conference meetings and acts as facilitator during actual workshop, if necessary. The Carousel presenter will serve as the facilitator for the session.

Name		CDSN Member: Yes No
Title		
District/County Office/Agency		
Address	City & Zip	
Phone	FAX	e-mail

?List of additional presenters:

Name		CDSN Member: Yes No
Title		
District/County Office/Agency		
Address	City & Zip	
Phone	FAX	e-mail

Name		CDSN Member: Yes No
Title		
District/County Office/Agency		
Address	City & Zip	
Phone	FAX	e-mail

Name		CDSN Member: Yes No
Title		
District/County Office/Agency		
Address	City & Zip	
Phone	FAX	e-mail

?Proposal Submitted By: *(Complete only if this person is different from the Lead Presenter. This person will be notified as to whether the proposal has been accepted).*

Name		CDSN Member: Yes No
Title		
District/County Office/Agency		
Address	City & Zip	
Phone	FAX	e-mail

**RETURN TO: Tom Williams, Executive Director, Community Day School Network
P.O. Box 503902, San Diego, CA 92150-3902
No Later Than Monday, October 7, 2002**