**2013 Tennessee Department of Children’s Services Resource Parent Annual Conference**

**Call for Presenters**

**THE EMBASSY SUITES - MURFREESBORO, TN**

**September 6- September 8, 2013**

*Conference Instructor/Presenter Policy*

Purpose of Conference

The Tennessee Department of Children’s Resource Parent Annual Conference provides opportunities for resource parents to learn more about caring for children who have been abused, neglected or that exhibit delinquent behaviors. Workshops presented at the conference focus primarily on the topics of safety, well-being and permanency for children in state’s custody.

Statement of Understanding

As a potential instructor at the Tennessee Department of Children’s Services Resource Parent Annual Conference, I fully understand that any and all travel related expenses are my own and that the Tennessee Department of Children’s Services or any other conference partner are NOT responsible in any way for travel related expenses. I further fully understand and acknowledge that the Tennessee Department of Children’s Services or any other conference partner does NOT pay speaker honorariums or fees unless that was contracted in writing, in advance.

I also acknowledge that I fully understand that the materials presented at this conference may be reproduced or disseminated to those in attendance either in writing or via CD Rom. I confirm that my submitted proposal and presentation are my work or I have received any and all permission to use originators work for this purpose.

By signing below I confirm that I:

1. Have received my agency’s permission to present this program at the Tennessee Department of Children’s Services Resource Parent Annual Conference.
2. Have already received authority to travel to the 2013 Tennessee Department of Children’s Services Resource Parent Annual Conference to be held September 6- September 8, 2013.
3. Understand that if my proposal is accepted, I as the primary presenter will be exempt from the registration fee.
4. Understand that I will be responsible for submitting a copy of all handouts needed for reproduction by the Tennessee Department of Children’s Services on or before July 1, 2013. If presenters wish to distribute additional materials after that date has passed, they are the responsibility of the presenter. I also understand that the Tennessee Department of Children’s Services reserves the right to post handouts on its website for conference attendees.
5. Understand that it is my responsibility to submit equipment requests on or before July 1, 2013.

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Signature of Proposed Presenter

Title of proposed workshop:

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

Print name and contact information of primary presenter:

**Primary Presenter:** (The primary presenter will be responsible for communicating information between the Workshop Committee and the co-presenter(s).

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office phone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach BIO for speaker #1)**

**Additional presenter(s):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe the content of the presentation in 100-150 words or less.**

**Which timeframe is most appropriate for your content?
90 minutes**

** 2 hours**

**3 hours**

\*It is expressly understood that the presentation may be scheduled at any time on any of the conference dates at the discretion of the conference organizers. Please state if you have a day preference and your request will be considered if possible.

**Tennessee Department of Children’s Services will provide the meeting room, screen and extension cords. Please indicate below any other audio visual equipment you will require for your workshop presentation.**

 I will need no equipment.

 Will bring my laptop that is Window's compatible (please be aware we do not have compatible cords if you bring your personal Mac computer)

 I will require a laptop with internal or external CD drive

 I will need a LCD Projector (Proxima Projector) for workshop

 Easel and Flipchart Stand

 Speakers

 Separate DVD Player

 Internet access during presentation

 Other: 

**Hotel Accommodation:**

No Hotel Room Needed

Friday night

Saturday Night

Number of rooms needed for workshop presenter(s):



**Special Hotel Accommodation Needs (handicap access):**

Please state any special needs you require for your stay during the conference.

**Room Occupancy Preference:**

King or Double

**Name of Roommate:**

If applicable

**Return completed forms by Friday, January 18, 2013**

**Tennessee Department of Children’s Services**

**Attn: Heather Helton**

**2600 Western Avenue**

**Knoxville, TN 37921**

**(865) 329-8879 ext. 1272**

**Or E-mail proposal to:** **Heather.Helton@tn.gov**