**2015 Tennessee Department of Children’s Services Annual Resource Parent Conference**

**Call for Presenters**

**THE EMBASSY SUITES - MURFREESBORO, TN**

**October 2, 2015- October 4, 2015**

*Conference Instructor/Presenter Policy*

**Purpose of Conference**

The Tennessee Department of Children’s Services, Annual Resource Parent Conference provides opportunities for resource parents to learn more about caring for children who have been abused, neglected or who 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, Annual Resource Parent 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 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 Annual Resource Parent Conference.
2. Have already received authority to travel to the 2015 Tennessee Department of Children’s Services Annual Resource Parent Conference to be held October 2 - October 4, 2015.
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, 2015. 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, 2015.

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Signature of Proposed Presenter

**Title of proposed workshop:**

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**Print name and contact information of primary presenter:**

**(Attach Bio for 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional presenter(s):**

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

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

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

**In 100-150 words or less provide a brief description of the presentation.**

**Provide an outline of your proposed presentation, which should include the objectives for the workshop.**

**\*\*\***Please note, if chosen to present at the 2015 Resource Parent Conference, a copy of your PowerPoint presentation will be requested prior to the conference date.

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

**1 hour**

**1.5 hours**

** 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, a screen, Proxima Projector, Flipchart stand with Flipchart paper 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 Windows 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

 Separate DVD Player

 Speakers

Internet access during presentation



 Other: 

**Return completed form by Friday, February 13, 2015**

**E-mail proposal to:** [**Heather.Helton@tn.gov**](mailto:Heather.Helton@tn.gov)

**Or mail to:**

**Tennessee Department of Children’s Services**

**Attn: Heather Helton**

**2600 Western Avenue**

**Knoxville, TN 37921**

**(865) 594-0924**