

CALL FOR PROPOSALS



Florida School Counselor Association
Annual Convention
October 23-25, 2008

Renaissance Orlando Resort at SeaWorld

Remembering Our Past, Celebrating the Present, Preparing for Our Future

The Florida School Counselor Association is soliciting proposals for presentations promoting evidence-based programs in the domains of academic, career, and persona/social development or highlighting the latest techniques and practices in school counseling. Presentations showcase proven programs, current research, or skills of value to counselors pre-K to postsecondary as well as district personnel, graduate students and counselor educators.

Submit electronic proposals (Word only) to: proposals@fla-schoolcounselor.org. **Proposals of a political, marketing or for-profit nature will NOT be accepted.**

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PRIMARY PRESENTER-Person Submitting Proposal

Dr. Mr. Mrs. Ms. _____
Last Name First Name Initial

Work Affiliation _____
District School Position/Title

Preferred Mailing Address School/Work Home

_____ Street City ST ZIP

Telephone/Email _____
Work Home Email

Title of Presentation: (As you would like it to appear in the program. Limit 10 words.)

Abstract: Describe your presentation (max 50 words) as you would like it to appear in the program. Counselors will see this description when selecting presentations to attend.

PRIMARY PRESENTER LAST NAME: _____

A/W/R _____

LETTER SENT _____

FACILITATOR _____

Primary Presenter Last Name: _____

Intended Audience: Elementary Middle School Senior High Postsecondary

Domain Addressed: Academic Career Personal/Social

Additional Presenters (maximum of three will be listed):

1. Dr. Mr. Mrs. Ms. _____
Last Name First Name Initial

Work Affiliation _____
District School Position/Title

2. Dr. Mr. Mrs. Ms. _____
Last Name First Name Initial

Work Affiliation _____
District School Position/Title

3. Dr. Mr. Mrs. Ms. _____
Last Name First Name Initial

Work Affiliation _____
District School Position/Title

Session Facilitator: You are invited to ask a colleague to facilitate your program. Facilitators introduce the presenter, pass-out any handouts, and collect evaluation forms at the end of the program. If this section is not completed, FSCA will find a volunteer member to serve as your facilitator.

Dr. Mr. Mrs. Ms. _____
Last Name First Name Initial

Work Affiliation _____
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IMPORTANT INFORMATION:

1. Plan to provide 50/75 handouts. Your permission is assumed unless there is a contrary agreement for placement of your presentation on the FSCA website.
2. Presenters must make their own hotel reservations
3. Presenters are required to register for the convention.
4. Presenters are responsible for expenses incurred in A, B, and C.
5. Notice regarding proposal acceptance will be sent via e-mail **July 1, 2008**

PLEASE NOTE:

ALL AV EQUIPMENT, INCLUDING EXTENSION CORDS, IS NOT PROVIDED BY FSCA. YOU MAY BRING YOUR OWN OR FSCA WILL CONTRACT WITH THE HOTEL A/V DEPARTMENT FOR ANY A/V NEEDS. A FORM WITH INFORMATION AND COSTS (TO BE INCURRED BY PRESENTER) WILL BE INCLUDED IN YOUR ACCEPTANCE PACKAGE.