

Partnering for Success

A training event sponsored by:

*Florida Department of Health, Early Steps, and the Bureau of Child Protection and Special Technology
Florida Department of Education, Bureau of Exceptional Education and Student Services, and the Office of Early Learning
Florida Department of Children and Families, Office of Childcare Regulation and Background Screening
Florida's Head Start State Collaboration Office
Florida State University, Center for Prevention and Early Intervention Policy
Florida Association for Infant Mental Health
Children's Forum Inc./Florida's Central Directory*

PRESENTER PROPOSAL FORM

Primary Presenter:

Name	Professional Title
Agency Name	
Address	
Phone	Email

Co-Presenter:

Name	Professional Title
Agency Name	
Phone	Email

Additional Presenter:

Name	Professional Title
Agency Name	
Phone	Email

PRESENTATION

a. Title of Presentation:

b. Description: Please describe the content of this presentation as you wish it to be published in the meeting program.

c. Objectives: Please list up to 3 learner objectives for this presentation:

- 1.
- 2.
- 3.

2. TARGET AUDIENCE *Please check all that best describe your target audience.*

Administrators/Supervisors/Managers

Service Providers

Infant Mental Health Specialists

Childcare Specialists

Family Supports Providers

Special Education Staff

Trainers

Technical Support Staff

Other:

All meeting rooms will have a Screen, LCD Projector, Flipchart and Markers, PC Computer with USB, and Microphones. Please identify any other audio visual needs.

Please complete this form and send it, with your vita, to [Haylie Mistrot](#) no later than October 15, 2014.