

Call for Presentations

**DEADLINE—August 20, 2009**

**Presenter Contract**

1. Participation in this program does not exempt presenters from paying full registration fees if attending other conference sessions.
2. Individual submitting this proposal and signing this form agrees to receive all conference correspondence and accept responsibility for conveying conference-related information to co presenters.
3. Appropriate "Releases of Confidential Information" have been obtained for all client materials that will be used or recorded as part of this presentation. The responsibility for protecting client confidentiality rests with the presenter.
4. Prior approval must be received from TACSAP for any surveys or data collection during the Annual Conference.
5. Individuals submitting or included within this proposal have agreed to be present in San Antonio, Texas, during the 2009 TACSAP Conference and conduct this proposed presentation according to the conditions listed above
6. Handouts, travel, parking, lodging, Internet patch, is at the expense of the presenter.
7. TACSAP reserves the right to edit titles, session descriptions and presenter introductions.
8. Speakers are not permitted to use workshop time to sell products or services.
9. Seating will be theater style unless otherwise specified and approved.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Audio Visuals Needs:**

- |               |                       |
|---------------|-----------------------|
| VCR & Monitor | Overhead Projector    |
| Screen        | Audio Cassette Player |
| Flip Chart    |                       |

**A fee will be charge per piece of equipment, depending on the hotel charge. Power Point LCD presentations/equipment/computers must be supplied by presenter .**

**TACSAP**

**34th Annual Conference  
November 1-3, 2009**

*The theme of this year's conference is Bridging the Gap. The conference will focus on healthy relations, community agencies and services; and issues affecting teen parents. Please take the time now and send in your form so that we can plan our conference. Each session is 1 hour and 15 minutes.*

Name \_\_\_\_\_

Current position and relevant experience \_\_\_\_\_

Credentials/Degree \_\_\_\_\_

Organization/School \_\_\_\_\_

Phone: \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

Title of Presentation \_\_\_\_\_

Type of Presentation    Information    Application    Instruction

Brief description or summary of workshop

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Three learning objectives of presentation:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**After completion, save to your desktop and email as an attachment to:**

**[Esmeralda.Garcia@fortbend.k12.tx.us](mailto:Esmeralda.Garcia@fortbend.k12.tx.us)**

**Or print and fax to:  
281-634-5700**