

SHOWCASING APPLICATION FORM



“Children, Families and Professionals Together”
12th Illinois Statewide Collaborative Early Childhood Conference
Crowne Plaza Hotel, Springfield, Illinois
September 26-28, 2011

Showcasing is an opportunity for participants to present unique features about their programs, innovative ideas or techniques, or share the results of research and evaluation efforts.

Guidelines:

1. Fill out the application form.
2. Submit a **one-page** description of your Showcasing proposal. Include those details that you feel necessary to explain your submission.
3. Submit a brief (between 50-75 words) summary describing the content of your proposal, which will be included in the program booklet (we reserve the right to edit).

Additional Information

1. The space for each Showcasing session will include a 6-foot table, one chair and an electrical outlet.
2. Each Showcasing session will be awarded only **one free** registration per Showcasing application. Each Showcasing presenter also **must** complete a conference registration form as a **participant**.

APPLICATION INFORMATION

Name of presenter who will receive free registration: _____

Names of additional presenters: _____

Name of contact person: _____

Home Mailing address: _____

City/State/Zip: _____

Work Mailing Address: _____

City/State/Zip: _____

Work Phone: () _____ Home Phone: () _____ Fax: () _____

Employer: _____ Email: _____

Applicants may apply for **one** session to showcase their topic. Sessions are scheduled for Tuesday, September 27 from 9:00 am to 10:30 am and from 11:30 am to 1:00 pm, and on Wednesday, September 28 from 10:00 am to 11:30 am.

Please indicate your first and second time frame preference:

Date/Time Preference: Tu. 9:00 am – 10:30 am Tu. 11:30 am – 1:00 pm Wed 10:00am – 11:30 am

Category of Showcasing Project

___ Assessment ___ Child Care & Education ___ Collaboration ___ Curriculum ___ Early Intervention
___ Family Involvement ___ Inclusion ___ Multicultural ___ Staff Development ___ Transition
___ ECSE ___ Other _____

Mail or fax the application form, the one page description and the brief summary to the address listed below by May 10, 2011. All applicants will be notified of their application status by the week of June 13, 2011.

Kathy Slattery kslattery@cntrmail.org
STAR NET Region II/The Center
2626 S. Clearbrook Dr
Arlington Heights, Illinois 60005
Phone: (224) 366-8574
FAX: (847) 278-5434