

CONFERENCE PRESENTATION PROPOSAL

Tennessee Association for the Gifted

29th Annual TAG Conference - September 18-19, 2008 - Chattanooga, TN The Sheraton Read House Chattanooga

Information available for download: http://www.tag-tenn.org/conference_08.html

Opening the Gates to High Achievement

The Tennessee Association for the Gifted is seeking presenters for the 2008 TAG Conference. Parents, teachers, administrators, and other supporters of gifted education are encouraged to submit proposals for conference sessions.

Submit Presentation Proposal and Presenter(s) Information to:

Leah Meulemans · 959 Signal Road· Signal Mountain, TN 37377 · 423-432-7989 · meulemans_leah@hcde.org

Please submit your proposal via e-mail, if possible, in the form of a Microsoft Word document attachment. Please retain a copy for your records; materials submitted to TAG will not be returned. A committee review process will be used for selection of presenters. Individuals submitting proposals will be notified by e-mail regarding proposal status. If you do not have an e-mail address, please enclose a self-addressed, stamped envelope to be used for notification.

A. Presentation Proposal Are you willing to present twice: _____ yes _____ no

Presentation Title: _____

Name of Presenter(s): _____

Please Attach (typed): one-page abstract (100 words or less) describing the content of your presentation and a 2-4 sentence description of your presentation to be included in conference materials.

Approach - Circle all that apply: Lecture - Discussion - Activity - Music - Panel - Handouts - Other: _____

Category of Presentation (Check all that apply):

Intended Audience (Check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Instructional Strategies | <input type="checkbox"/> Curriculum Design | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Parents and Community | <input type="checkbox"/> Classroom Teachers: grade(s) _____ |
| <input type="checkbox"/> Other Cognitive Skills | <input type="checkbox"/> Special Populations | <input type="checkbox"/> GT Teachers: grade(s) _____ |
| <input type="checkbox"/> Social/Emotional Needs | <input type="checkbox"/> Counseling/Guidance | <input type="checkbox"/> Administrators |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Current Issues | <input type="checkbox"/> GT Administrators |
| <input type="checkbox"/> Identification/Assessment | <input type="checkbox"/> Law and Policy | <input type="checkbox"/> Counselors |
| <input type="checkbox"/> Evaluation/Student Progress | <input type="checkbox"/> Computer/Technology | <input type="checkbox"/> All |
| <input type="checkbox"/> Other: _____ | | Other: _____ |

B. Presenter(s) Information:

Contact Person: _____

(All conference correspondence will be sent to this person. See below for co-presenters.)

Position or Title: _____

Home Address: _____

City, County, State, Zip: _____

School/District/University/Organization: _____

Telephone: Work: () _____ Home: () _____ Cell: () _____

E-mail Address: _____

Co-Presenter(s): Please attach a page with the above information for each co-presenter.

Travel and expenses are the responsibility of the presenter.

Equipment needed: _____ Table _____ Overhead (Presenter provides other AV equipment)