

CALL FOR PROGRAM PROPOSALS

Arkansas Reading Association



Arkansas Reading Association
Conference
November 20-21, 2008
Statehouse Convention Center
Little Rock, Arkansas

Join the **ARA World Tour!**
Submit a proposal for presentation.

GENERAL INFORMATION

The Arkansas Reading Association invites you to present at the annual conference, November 20-21, 2008. As a professional nonprofit organization, the Association is unable to reimburse program presenters for travel or hotel expenses or provide an honorarium. **All program presenters must register and pay regular conference fees.**

In order to provide a balance in program planning, the Program Committee reserves the right to suggest modifications in proposals or disqualify incomplete proposals. Proposals should be postmarked no later than June 30, 2008. All applicants will be notified of the Program Committee's decision by September 1, 2008.

THEME

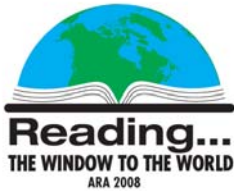
The theme for the conference will be **Reading. . . THE WINDOW TO THE WORLD**. Major program strands are listed on the proposal application.

PROGRAM FORMAT

The one and one-half hour **SYMPOSIA** are designed for presenters to provide in-depth coverage of a specific topic. The one and one-half hour **WORKSHOPS** are designed for presenters to provide hands-on, audience participation sessions. One-hour **SESSIONS** are designed to provide an overview of a specific topic or a research report related to a strand.

CRITERIA FOR SELECTION

Relevance of the topic to the conference theme and its major strands, quality and clarity of objectives, content, organization, and method of presentation are major factors in considering proposals. *Disqualifying factors include but are not limited to the promotion of commercial materials or programs, content unrelated to reading or literacy, and failure to complete the proposal according to the guidelines.*



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Reading . . . The Window to the World

I. PERSON SUBMITTING PROPOSAL (Please type.)

Dr., Miss, Mrs., Ms., Mr. (Last) (First) (Middle Initial)

Title or Position

Institutional Affiliation

Street Address

City, State, Zip

Telephone Number(s) (H) (W)

E-mail Address FAX #

Are you a member of the IRA? GYes GNo If yes, IRA #

II. TYPE OF SESSION and DAY OF PREFERENCE

- GSYMPIUM (1 1/2 hours) GWORKSHOP (1 1/2 hours) GSESSION (1 hour)
Thursday GAM GPM Friday GAM

Is this a sponsored session? If so, list sponsor.

III. TITLE OF SESSION

Program Description (30 words maximum)

I would like to submit my proposal under the following strand(s):

- G Standards/Frameworks/Curriculum Alignment G Assessment
G Instructional Strategies G Systemic Change Process
G Advocacy/Leadership G Content (K-12)
G Supervision G Mentoring/Coaching
G Educational Technology G Principles of Learning/Developmental Stages
G Research G Building a Collaborative Learning Community

IV. GRADE LEVEL THE TOPIC WILL COVER (Check all applicable.)

- Preschool/K** **Intermediate (4-6)** **High School**
- Primary (1-3)** **Jr. High/Middle** **College/Adult**

V. INTENDED AUDIENCE (Check all applicable.)

- Reading Teachers** **Teacher Educators** **Reading Recovery**
- Administrator/Supervisors** **Classroom Teachers** **Title I**
- Curriculum Specialists** **Media Specialists** **Other** _____

VI. AUDIO VISUAL EQUIPMENT REQUEST

Will you need an overhead projector? **Yes** **No**
 (Note: Participants will be responsible for **ALL** other A -V equipment.)

VII. PROGRAM ABSTRACT Please attach a *one-page* description of your program including:

- A. Names of Presenters** **C. Content to be Presented**
- B. Objectives of the Program** **D. Methods of Presenting Content**

VIII. ADDITIONAL PRESENTER INFORMATION (if multiple presenters)

Please complete this list of names, complete addresses and telephone numbers of all presenters. The contact person should be listed first. Permission should be secured from all individuals before submitting the proposal. If more room is needed please use back of program abstract.

Name	Address	Telephone	School/Organization

IX. OTHER INFORMATION

If you wish, the program committee will provide a facilitator for your session.
 I would like a facilitator. I will not need a facilitator.

I understand that I will not be reimbursed for any expense by the **ARKANSAS READING ASSOCIATION CONFERENCE** and I must register and pay regular conference fees.

 (Signature of person submitting proposal)

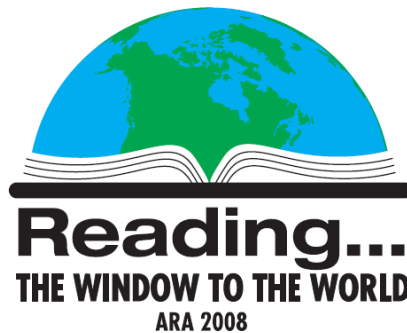
Please check to be sure that all information is included. Incomplete proposals may be disqualified. Questions should be directed to Julie Huskey (870-793-2636) or by email Julie@arareading.org

Mail the application form and **FOUR COPIES** of all materials to:

Julie Huskey
Arkansas Reading Association
Conference Chair
430 E. Chestnut
Batesville, AR 72501
Deadline June 30, 2008

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