

ACA MID STATES CAMPING CONFERENCE

CALL FOR PRESENTATIONS – DEADLINE: November 1st, 2009

You are invited to submit your proposal to share your knowledge at the *Eighteenth Annual Mid States Camping Conference*, March 11th - 13th, 2010 at Pheasant Run Resort in St. Charles, IL.

All information on both pages of this form must be complete to be considered for our program. Please type or print.

| | | | | | | | |
|--|--|-------|--|--|--|-----|----|
| Presenter/Primary Contact Name | | | | | | | |
| Camp/Organization/Business | | | | | | | |
| Address | | | | | | | |
| City | | State | | ZIP | | | |
| Contact Phone | | | | Second Phone | | | |
| Email | | | | Fax | | | |
| Which ACA Section do you belong? | | | | 1 st time Mid States Speaker? | | YES | NO |
| Please provide a short bio such as years of experience, role at camp, pertinent background information, etc. (maximum 35 words): | | | | | | | |
| | | | | | | | |

| | | | | | | | |
|--|--|-------|--|--|--|-----|----|
| Additional Presenter Name | | | | | | | |
| Camp/Organization/Business | | | | | | | |
| Address | | | | | | | |
| City | | State | | ZIP | | | |
| Contact Phone | | | | Second Phone | | | |
| Email | | | | Fax | | | |
| Which ACA Section do you belong? | | | | 1 st time Mid States Speaker? | | YES | NO |
| Please provide a short bio such as years of experience, role at camp, pertinent background information, etc. (maximum 35 words): | | | | | | | |
| | | | | | | | |

(For additional presenters, please add sheets with all pertinent information)

PRESENTER GUIDELINES

1. Appearing before colleagues in the camp profession is an honor and a privilege.
2. It is expected that participants speaking at Mid States register for the conference
3. All related expenses for registration, travel and hotel accommodations and meals will be at the speaker's expense
4. It is expected that speakers are available to present at any time during the conference schedule. Presentation date and time assignments will be at the discretion of the Program Committee
5. All educational sessions are 1¼ hours.
6. Session leaders are asked to provide appropriate handouts. Handouts should be emailed to ACA Mid States Program Coordinator, Marcy Brower at crclm@sbcglobal.net at least 14 days prior to the Conference. Persons giving cooking or arts & crafts presentations may apply to the Program Coordinator for reimbursement of their materials.
7. All rooms are equipped with a flip chart and markers. Presenters are encouraged to provide their own AV equipment. LCD projectors, extension cords and screens are available on a very limited basis and must be specified on the Call for Presentations.
8. Speakers are required to refrain from any promotion of their specific product or service during their educational session.
9. Confirmation of your presentation will be sent to you by Nov. 15, 2009.
10. We are sorry, but due to the financial stress of the Mid States Conference, no honorariums will be given to presenters for educational sessions during the 2010 conference.

By checking this box I am indicating that I have read and understand the Presenter Guidelines and that I agree to abide by these stated guidelines if I am selected to present at the 2010 Mid States Camping Conference.

2010 Theme:

Learn Together, Grow Together . . .

and We Can ~~Survive~~ Thrive!

Session topics related to the conference theme are strongly encouraged and will be considered above other submissions!

Presenter Name(s):

Proposed Session Title:

Proposed Title Description (maximum 35 words):

Please state three specific objectives or goals for attendees of your session:

| | | | | | | | | | | | |
|--------------------------|-----------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|--|--------------------------|-----|--------------------------|----|
| What type of session? | | | | | | | | | | | |
| <input type="checkbox"/> | Lecture | <input type="checkbox"/> | Group Discussion | <input type="checkbox"/> | Panel Discussion | <input type="checkbox"/> | Hands On/Interactive | | | | |
| <input type="checkbox"/> | Will session be loud? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Will extra space for activity be needed? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

| | | | |
|--|-------------------------------|--------------------------|-----------------------|
| Topic Area <i>(check all that apply)</i> | | | |
| <input type="checkbox"/> | Program | <input type="checkbox"/> | Staff/Human Resources |
| <input type="checkbox"/> | Management | <input type="checkbox"/> | Day Camp |
| <input type="checkbox"/> | Special Populations | <input type="checkbox"/> | Campers & Families |
| <input type="checkbox"/> | Other <i>(please specify)</i> | | |

| | | | | | | | |
|-------------------------------|----------------------------------|--------------------------|--------------------------------|--------------------------|----------------------------------|--------------------------|---------|
| Preferred Day of Presentation | | | | | | | |
| <input type="checkbox"/> | Thursday, March 11 th | <input type="checkbox"/> | Friday, March 12 th | <input type="checkbox"/> | Saturday, March 13 th | <input type="checkbox"/> | Any day |

| | | | | | |
|--------------------------|---------------------------------|--------------------------|--|--------------------------|--------------------------------|
| Preferred Room Set-Up | | | | | |
| <input type="checkbox"/> | Theatre <i>(rows of chairs)</i> | <input type="checkbox"/> | Classroom <i>(tables & chairs)</i> | <input type="checkbox"/> | Open <i>(chairs in circle)</i> |
| <input type="checkbox"/> | Other <i>(please specify)</i> | | | | |

| | | | | | |
|--|--------------------|--------------------------|----------------|--------------------------|--------|
| Audio/Visual Equipment Needs <i>(You may bring your own)</i> | | | | | |
| <input type="checkbox"/> | Overhead Projector | <input type="checkbox"/> | Extension Cord | <input type="checkbox"/> | Screen |

Is there anything extraordinary about the session that would assist us in our planning of rooms & details?

I have read and understand the policies and guidelines as set forth in this document. I also agree that, to the best of my knowledge, all information in this Call for Presentations is complete and accurate.

Signature: _____

Printed Name: _____ Date: _____

PLEASE RETURN THIS FORM TO:

Marcy Brower at crclm@sbcglobal.net or 800 Elgin Rd. PH02, Evanston, IL 60201

Phone: 847-491-0640 Fax: 847-491-0641

Please direct all questions or comments to Marcy Brower