



2nd Annual Family Engagement Conference

October 9-11, 2019

Renaissance Hotel

31 Woodfin Street

Asheville, NC 28801

We are so excited about our 2nd Annual Family Engagement Conference **"Families Work, Play, and Learn Together!"**
We will be in the beautiful mountains of Asheville at The Renaissance Hotel Wednesday, October 9th- Friday, October 11th.

The Renaissance Hotel
31 Woodfin St
Asheville, NC 28801

In this handbook you will find:

Paper Registration Form (a link to the online registration will also be sent)
Call for Proposals
Reservation Link
Tentative Agenda

Here is the link to make reservations

As a courtesy please do not overbook hotel rooms that you are not going to use. We only have a certain amount of rooms in our block and when you cancel rooms we lose them out of our block. Please let me know if you have rooms that need to be canceled, so the room(s) may be utilized by some of our attendees.

http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=NC%20Head%20Start%20Family%20Engagement%5Eavlbr%60FECFECA%60184.00%60USD%60false%604%6010/8/19%6010/11/19%609/8/19&app=resvlink&stop_mobi=yes



North Carolina Head Start Association
2nd Annual Family Engagement Conference
Asheville, NC
October 9-11
Renaissance Hotel

Please TYPE or PRINT CLEARLY (attach additional pages as needed)

Program/Agency Name:		Contact Phone Number:	
Name of Contact Person		Contact Email Address:	
NAME:	POSITION:		Physical/Dietary Needs:

REGISTRATION FEES:

Number of Program Member** _____ x \$275 = _____

Number of Program Non-Member*** _____ x \$325 = \$ _____

Total Amount Enclosed = \$ _____

Or APPROVED Purchase Order # _____ (must attach copy of Approved PO)

SEND CHECKS and Registration forms (made payable to NCHSA)

North Carolina Head Start Association
c/o Christy Jones
105 Kenn Myer Dr
Thomasville, NC 27360



**NORTH CAROLINA HEAD START
ASSOCIATION
2nd ANNUAL TRAINING CONFERENCE
OCTOBER 9-11, 2019
CALL FOR PAPERS APPLICATION**

**Please complete this two-page form (boxes are “check-box enabled”), save changes and email as an attachment to: christy@newframellc.com later than August 9, 2019.
(This is the first round of applications that will receive first priority, IF possible day and time chosen. Please keep in mind that we want to offer a variety of session to meet our attendees needs)**

Presenter Information:

Lead Presenter Name:
Title:
Employer/Business
Mailing Address:
Email Address:
Website:
Phone Number (Please include area code)

Co-Presenter Information (if applicable):

Co-Presenter Name:
Title:
Employer/Business Name:
Mailing Address:
Email Address:
Website:
Phone Number (please include area code):

What is the title of your workshop or seminar? (4 words or less):

Description of Presentation (60 words or less): Required

Description of Handouts Provided by Presenter: Required

Training Topics (please check ALL that apply): Required

ADMINISTRATION/MANAGEMENT
EARLY CHILDHOOD DEVELOPMENT
FAMILY/COMMUNITY PARTNERSHIPS for FAMILY ADVOCATES
HEALTH SERVICES – *circle one:* **health** **mental health** **nutrition** **dental**
DISABILITIES SERVICES
ADMINISTRATIVE SUPPORT SERVICES
PARENT/MALE INVOLVEMENT for PARENTS
TRANSPORTATION
OTHER: *Please explain:*

Training Categories (please check ALL that apply): Required

0-3 (EHS) 3-5 (HS)Migrant/Seasonal Tribal

Type of Session (please check ONE):

WORKSHOP (1.5 hours) **If you need additional time, you will need to submit another form for Part 2 for 1.5 hours.**

Preferred day(s)/time(s): Please select all that would work for your schedule. We are trying to fill each room, during each training time, so please make a couple of choices that will work. If you are willing to present more than once please indicate that as well

Wednesday Morning	10:30am-12:00pm
Wednesday Afternoon	1:30pm-3:00pm
Wednesday Afternoon	3:15pm-4:45pm
Thursday Morning	8:30am-10:00am
Thursday Morning	10:15am- 11:45am
Thursday Afternoon	1:30pm-3:00pm
Thursday Afternoon	3:15pm-4:45pm

I am willing to present more than once, if needed _____

******NO audio/visual equipment will be provided by NCHSA. Each room will be equipped with a screen and electrical hook-up.**

Lead Presenter ONLY: Please provide a brief description of your company or consultant services, including contact information you want conference attendees to have, for the “Presenter Index”:

Once your proposal has been reviewed, a letter of notification will be forwarded to the LEAD PRESENTER ONLY by **August 30, 2019**. NCHSA will provide a complementary registration for the LEAD PRESENTER and ONE (1) CO-PRESENTER. Facilitators will be arranged for each workshop.

PLEASE NOTE:

*** All presentations are VOLUNTARY. Travel, AV equipment, hotel and all other expenses incurred as a result of presenting at the NCHSA 2nd Annual Training Conference are the responsibility of the PRESENTER. All presenters must provide their own copies of hand-outs. There are no copy machines available on site**

Thank you for supporting Head Start in North Carolina!

Tentative Agenda

Tuesday, October 8

4:00pm Conference Committee arrives to set-up

7:00pm-9:00pm Early Registration

Wednesday, October 9

8:00am - 9:00am Registration

9:00am Opening Session

10:45am Sessions

12:00pm Lunch on your own

1:30pm -4:30pm Sessions

6:00pm - 8:00pm Welcome Reception

Thursday, October, 10

8:30am-12:00pm Sessions

8:30am-1:30pm NCHSA Board Meeting and Training

12:00pm Lunch on your own

1:30pm-5:00pm Sessions

Friday, October 11

9:00am Closing Session