

# **CALL FOR PRESENTATIONS**

**ESL PSA 20th Annual Conference**

*VISIONS 21:*

*Best Practices Across the Curriculum*

**Friday, October 22nd, 2010**

**Churchill Secondary School**

**Vancouver, B.C.**

## **ESL PSA 2010 CONFERENCE PRESENTATION PROPOSAL**

The title, summary and biographical information you supply will appear in the program booklet. If it is possible, **please send your proposal electronically**.

**Name** (surname first): \_\_\_\_\_

**Home address of presenter** to whom all correspondence should be sent:

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**Telephone:** Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Institution:** \_\_\_\_\_ **Position/Title** \_\_\_\_\_

**Names of multiple presenters** in the order to be listed, and the affiliation of each:

Surname	First Name	Affiliation
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**Title of Presentation:** \_\_\_\_\_

**Presentation Abstract** [approx. 100 words; complete on separate paper as needed]

**Summary:** (max. 30 words) What will delegates view/hear/do if they attend your session?  
This description will appear in the registration materials.

**Biographical statements:** (max. 30 words per presenter). Give pertinent background information and/or experience related to presentation. Please write in the third person. If necessary, continue on an additional sheet of paper.

**Type of Presentation: Sessions are 60 minutes [a.m.] or 120 minutes [p.m]**

\_\_\_ Panel      \_\_\_ Demonstration      \_\_\_ Workshop

Session timeframe: \_\_\_ **60 minutes [am]**    \_\_\_ **120 minutes [pm]**    \_\_\_ willing to do either

**Audience Limits:** Most sessions are limited by room capacity (about 30). If different, please specify the maximum number of participants you are willing to accept. \_\_\_

**Target Audience – Participants**

ESL Grades K-3 (primary)      \_\_\_      Curriculum materials, programs      \_\_\_

ESL Grades 4-7 (intermediate)      \_\_\_      Parent-Teacher relationships      \_\_\_

ESL Grades 8-12 (secondary)      \_\_\_      Community involvement      \_\_\_

Teacher training, methods, practices      \_\_\_

Other (specify) \_\_\_\_\_

**Room Set-up:** The seating for all sessions will be classroom style. If a different seating arrangement is desired, you may create it for your session **and return the room to its original format for the next presentation.**

**A-V Equipment Required:** Please indicate **all** equipment needed for the presentation. Only the equipment identified below will be supplied.

Overhead projector & screen      \_\_\_

VCR (VHS)      \_\_\_      VCR (DVD)      \_\_\_

Other [we cannot guarantee availability] \_\_\_\_\_

**NB\*** it is probably best if you bring your own computer and LCD for a power point presentation

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**Please return your presentation proposal - preferably by e-mail - to:**

Sydney Dean  
#404 – 14 Royal Avenue East  
New Westminster,  
BC, V3L 5W5  
E-mail: [sydney.dean@shaw.ca](mailto:sydney.dean@shaw.ca)