



**GENERAL GUIDELINES FOR
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CALIFORNIA ASSOCIATION FOR BILINGUAL EDUCATION

CABE 2001 CALL FOR PRESENTATIONS

**26TH ANNUAL CONFERENCE
LOS ANGELES CONVENTION CENTER
LOS ANGELES, CALIFORNIA**

JANUARY 31 – FEBRUARY 3, 2001

**POSTMARKED DEADLINE:
FRIDAY, JULY 14, 2000**

CABE cordially invites you to submit a proposal to present at the CABE 2001 Conference. CABE 2001 will be held at the Los Angeles Convention Center, January 31 – February 3, 2001.

The Annual Conference is a major educational event for school and university personnel, parents, and other individuals who work with English Language Learners and Heritage Language Students. Over the years the CABE Conferences have gained a reputation for providing participants with quality, in-depth, and innovative professional development.

It is the CABE 2001 goal that, as bilingual educators, we draw from our rich resources and assume a major role in promoting and supporting educational excellence for all in California. We invite you to join us by submitting presentations that represent the most current practices for English Language Learners and Heritage Language Students.

*Please submit your proposal(s) on the enclosed form **postmarked no later than Friday, July 14, 2000**. Feel free to duplicate and share this invitation with others .*

GENERAL GUIDELINES FOR PRESENTER PROPOSAL APPLICATION FORM

Please complete the enclosed *Presenter Proposal Application Form* by typing or printing all information requested. **Return original copy of the form and make a copy for yourself.** Please edit carefully as the description provided on the proposal form will be used in the conference program. If you wish to propose more than one presentation, please use a separate form for each presentation. **However, every effort will be made to select a variety of presenters. CABE will only be able to consider proposals which are completed according to instructions.** CABE is unable to reimburse presenters for expenses.

The application form requests information regarding three presenters. If you have additional presenters, please provide their names, titles and affiliations on a separate sheet for the conference program. **It will be the responsibility of the first presenter listed to convey these guidelines to any additional presenters.**

If you wish to receive acknowledgment of receipt of your proposal, please enclose a self-addressed, stamped postcard.

REGISTRATION

The two presenters marked specifically on the application form (**who are current CABE members**) will receive complimentary conference registration which will permit them to attend the conference for the full four days (no meals included). If your proposal is selected, registration for these two presenters will be confirmed on your Final Confirmation Letter and your badges will be available at the presenters' check-in area of the conference.

All non-members and additional presenters will be required to pre-register and pay the applicable conference registration fees. The forms for pre-registration will be available from CABE Headquarters in August, 2000.

**FOR FURTHER INFORMATION AND/OR QUESTIONS, PLEASE CALL
CABE HEADQUARTERS • (213) 532-3850**

STRANDS

The workshops will be organized into the strands listed on the enclosed Presenter Proposal Application Form. Presentations must fully address and focus on English Language Learners and/or Heritage Language Students. Presentations in languages other than English are welcome. **Please mark only one strand.**

AUDIO VISUAL EQUIPMENT

All workshop rooms will be equipped with an overhead projector and screen. Upon workshop confirmation, details for ordering additional audio visual equipment will be given. **The cost of ordering the additional equipment will be the responsibility of the presenter(s).**

ROOM SET-UP

Please indicate your choice of room set-up under the *Room Set-Up* section of this form. If there is no choice made, we will assume the set up to be theater style.

SCHEDULING

Presentations will be scheduled at a day and time that best suits the needs and goals of the conference. *If you do have time constraints, please note them on the proposal form under "scheduling".* However, please be aware that given the large number of proposals anticipated, it is possible that such constraints may preclude us from scheduling your presentation into the conference.

NOTIFICATION OF SCHEDULING

The proposals will be reviewed by the Presenters' Committee and final confirmation letters will be sent in **November, 2000.**

WHERE TO SUBMIT PROPOSAL(S)

Please mail original copy of the Presenter Proposal Application Form to:

**CABE 2001 PROGRAM DEVELOPMENT • CABE HEADQUARTERS
660 SOUTH FIGUEROA STREET, SUITE 1040 • LOS ANGELES, CA 90017**

Postmark Deadline for all Presenter Proposal Application Forms:

• • FRIDAY, JULY 14, 2000 • •

Postmarked Deadline for Call for Presentations FRIDAY, JULY 14, 2000



CABE 2001

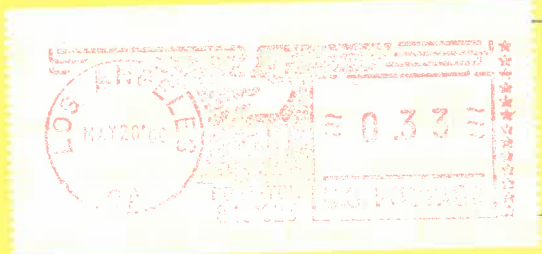
January 31 – February 3, 2001

Los Angeles Convention Center • Los Angeles, California

**If you need further information please call CABE at (213) 532-3850
You may also send us an e-mail at info@bilingualeducation.org**



California Association for Bilingual Education
660 South Figueroa Street, Suite 1040
Los Angeles, CA 90017



PRESENTER PROPOSAL APPLICATION FORM
26TH ANNUAL CABE CONFERENCE
JANUARY 31 – FEBRUARY 3, 2001
THE LOS ANGELES CONVENTION CENTER, LOS ANGELES, CALIFORNIA
POSTMARKED DEADLINE DATE: FRIDAY, JULY 14, 2000

PROPOSAL #: _____

PLEASE TYPE OR PRINT NEATLY AND RETURN TO:
CABE 2001 PROGRAM DEVELOPMENT
660 SOUTH FIGUEROA STREET, SUITE 1040
LOS ANGELES, CALIFORNIA 90017

• FOR CONFERENCE USE ONLY •

IMIS: 1ST _____ 2ND _____
DATE RECEIVED: _____
RECEIVED BY: _____

1. **STRANDS** - Please mark only ONE. In content area strands, please indicate if the presentation will focus on L₁ or SDAIE.

- | | |
|---|---|
| <input type="checkbox"/> Administration and Management | <input type="checkbox"/> Para-Educator |
| <input type="checkbox"/> Assessment, Evaluation, and Accountability | <input type="checkbox"/> Parent Education/Community Partnerships |
| <input type="checkbox"/> Cooperative/Collaborative Learning | <input type="checkbox"/> Policy Making/Legal and Political Issues |
| <input type="checkbox"/> Critical Pedagogy | <input type="checkbox"/> Preschool/Early Childhood Education |
| <input type="checkbox"/> Data Evaluation for ELL Students | <input type="checkbox"/> Primary Language Literacy |
| <input type="checkbox"/> Dual Language/Two-Way Immersion Programs | <input type="checkbox"/> Promotion and Retention |
| <input type="checkbox"/> English Language Development | <input type="checkbox"/> Research (<i>please mark one</i>) |
| <input type="checkbox"/> Fine and Performing Arts | <input type="checkbox"/> Proven Model Programs (3 yrs. + data) |
| <input type="checkbox"/> Heritage Languages | <input type="checkbox"/> Recent Studies |
| <input type="checkbox"/> Issues on Secondary Education | <input type="checkbox"/> Science – <input type="checkbox"/> L ₁ or <input type="checkbox"/> SDAIE |
| <input type="checkbox"/> High Achievers | <input type="checkbox"/> Social Studies – <input type="checkbox"/> L ₁ or <input type="checkbox"/> SDAIE |
| <input type="checkbox"/> Integrated Content – <input type="checkbox"/> L ₁ or <input type="checkbox"/> SDAIE | <input type="checkbox"/> Spanish for Spanish Speakers |
| <input type="checkbox"/> Math – <input type="checkbox"/> L ₁ or <input type="checkbox"/> SDAIE | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Multicultural / Diversity Education | <input type="checkbox"/> Teacher Certification |
| | <input type="checkbox"/> Technology |

Institutes – *By Invitation or Special Application Only* • For more information call CABE Headquarters: (213) 532-3850

2. **TITLE OF PRESENTATION:** _____

3. **PRESENTER(S):** Please type school district or agency as it should appear in the program. Two presenters from your presenter team (who are CABE members) will be provided complimentary badges. **Please check the boxes of the two presenters who will receive the complimentary registrations.** (See guidelines).

Other Presenter(s):

☐ Name of 1st Presenter: _____ (last) _____ (first)
Affiliation: _____
Home Address: _____ (street)
_____, _____ (city) _____ (state) _____ (zip)
Work Phone: _____
Home Phone: _____
Fax #: _____
E-Mail: _____

1st Presenter: CABE Member ☐ Yes ☐ No
2nd Presenter: CABE Member ☐ Yes ☐ No
Other Presenter: CABE Member ☐ Yes ☐ No

☐ Name: _____ (last) _____ (first)
Affiliation: _____ Work Phone: _____
Home Address: _____ (street)
_____, _____ (city) _____ (state) _____ (zip)

Other Presenter(s):

☐ Name: _____ (last) _____ (first)
Affiliation: _____ Work Phone: _____
Home Address: _____ (street)
_____, _____ (city) _____ (state) _____ (zip)

- Only two presenters who are current CABE members listed above will be provided with complimentary badges. Please mark the appropriate boxes. No substitutions or changes will be allowed after the proposal is submitted.
- In order to list additional presenters attach another sheet. This information will be published in the conference program. All additional presenters and non-members will be required to pre-register at the applicable registration fee.
- It is the responsibility of the first presenter listed above to convey all presentation information to each additional presenter.

4. I give permission to have my presentation audio taped () YES () NO
I give permission to have my presentation video taped () YES () NO

Signature _____

Date _____

5. I can repeat my presentation () YES () NO

6. **DESCRIPTION:** Type a short description in complete descriptive sentences. Please contain all information in the space provided below as additional sheets will not be considered. Edit carefully and be certain that the topic is specifically stated and clearly described since your description will be printed in the program as stated here. Your description may be edited for the program. *If your presentation is given in a language other than English, please provide the title and description in that language. Only one language per presentation, please.*

7. **METHOD OF PRESENTATION:** *(Please choose only one)*

() Demonstration () Lecture with support materials () Group Interaction
() Panel Discussion () Hands-on

8. **LENGTH OF PRESENTATION:**
All workshop sessions are 1 and 1/2 hrs.

9. **GRADE LEVEL:** *Indicate level(s) to which the content of presentation applies:*

() Preschool () Grades 6–8 () Adult
() Grades K–2 () Grades 9–12 () College & University
() Grades 3–5 () All

10. **AUDIENCE:**

() Administrators () Para-Educators () Teachers
() Board Members () Parents () All
() Business/Govt. Reps. () Student Teachers () Others _____
() College Professors & Deans () Support Staff

11. **LEVEL OF AUDIENCE:** () New-to-Field () Experienced () Both

12. **LANGUAGE OF PRESENTATION:** _____ *(Please choose only one)*

13. **SCHEDULING:** These are the days I **CANNOT** present:
DATES: _____

14. **ROOM SET-UP:** *Based on your style of presentation, please indicate the room set-up needed.*
Theater Style ☐ Classroom ☐

15. **MY WORKSHOP WILL REQUIRE COMPUTER & INTERNET ACCESS:** ☐ Yes ☐ No

16. **ADDITIONAL INFORMATION:** _____

