

# Alabama Head Start Association (AHSA) Presenter Proposal Application

**\* Thank you for your interest in being a presenter at an Alabama Head Start Association event. To be considered, a complete application (typed) and supporting documents must be submitted. \***

**Lead Presenter's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Agency/Organization:** \_\_\_\_\_

**Do you plan to have co-presenters?**  No  Yes

**If you answered yes to having co-presenters, how many?** \_\_\_\_\_

**Are you a staff member of a Head Start/Early Head Start program?**  No  Yes

**Is there a cost associated with your presentation?**  No  Yes

**If you answered yes to a cost be associated with your presentation, please attached a detailed breakdown of your rates and associated cost.**

**Are you willing to present a session multiple times in one day?**  No  Yes

**Title of Session:**

\_\_\_\_\_  
**Session Focus:**

\_\_\_\_\_  
**Target Audience:**

\_\_\_\_\_  
**Identify 2-3 Training Objectives:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Identify 2-3 Expected Learning Outcomes:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**Description of Session (50 Words or Less):**

**Please attach supporting documents:**

- A copy of the lead presenter's resume or vitae**
- A List of other conferences where you have presented in the last 5 years**

**\*By signing below, you are indicating you have read and agree to the guidelines\***

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**Lead Presenter's Signature and Date**

**\*AHSA USE ONLY\***

**Approved by AHSA President (Signature):** \_\_\_\_\_

**Approved by AHSA President on (Date):** \_\_\_\_\_

**Approved by the AHSA President for (Event):** \_\_\_\_\_