

**Sixth Annual
Illinois Statewide
Transition Conference
October 24-26, 2010**



**Call For Presentations
Deadline for Submission:
March 31, 2010**

Submission Process

Please complete all of the following documents and submit your proposal to Susy Woods, electronic submissions only, at swood06s@uis.edu, by **March 31, 2010**. *Note* Confirmation of submissions will be issued via e-mail*

Please submit the following information, in the order listed, checking the boxes that apply. Please be as complete and specific as possible:

Contact Person _____

Address _____

Phone _____ Fax _____ E-mail _____

Please list **ALL** Presenter(s)

- | | | |
|----------|---------------|---------------------|
| 1. _____ | e-mail: _____ | Organization: _____ |
| 2. _____ | e-mail: _____ | Organization: _____ |
| 3. _____ | e-mail: _____ | Organization: _____ |
| 4. _____ | e-mail: _____ | Organization: _____ |

The Illinois Statewide Transition Conference requires all presenters to use ‘person-centered’ language in all presentations and forums. Please refer any questions about person-centered language to swoods@uis.edu.

Workshop Title (25 word maximum) _____

Workshop Description: **brief description of your presentation/workshop (45 to 55 words)**

Learning Objectives: please use specific action verbs

1. _____
2. _____
3. _____

Presenter Biography: Please write a brief bio (75 words or less) to be included with your session description on the conference website. If more than one presenter, include a brief bio of each (next page).

Presenter Bio: _____

Presenter Bio: _____

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Pre-conference

- Check here to be considered for presentation of a longer session at the **Pre-conference** on October 24, 2010
 90 min 180 min

Please check whether your session presents information that is basic (beginner level) or more advanced and target your presentation to that audience.

- Basic Advanced

Check your session's topic area: Community Employment Education Health Care

Check your session's target audience (check all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Transition-aged youth/young adults who have disABILITIES | <input type="checkbox"/> VR counselors and administrators |
| <input type="checkbox"/> Family members | <input type="checkbox"/> Health care professionals |
| <input type="checkbox"/> Special education educators and administrators | <input type="checkbox"/> Advocates |
| <input type="checkbox"/> Social workers | <input type="checkbox"/> Physical therapist /occupational therapist |
| <input type="checkbox"/> Mental health specialist | <input type="checkbox"/> Juvenile justice professionals |

Have you presented at this Statewide Transition Conference before? Yes No

- Check here for additional information about having an exhibit booth. If you check this box, follow up contact from the conference exhibitors subcommittee should be anticipated. You will need to complete the Exhibitors Prospectus in order to reserve your booth space.

Financial Support: provide financial support request include description and list amounts.

NOTE: Priority consideration will be given to presenters requiring no reimbursement of expenses and/or honorariums with the exception of youth, family and other consumer presenters.

Visit conference website: <http://www.illinoistransitionconference.org/>