

# TAAE 2019 - CALL FOR PAPERS!

## SUBMISSION DEADLINE - MAY 31, 2018

### 2019 TAAE PRESENTER CONTRACT

On behalf of myself and my co-presenters, should this abstract be selected, I/we agree that:

1. **Presenters at the TAAE Conference are not exempt from paying full registration fees.**
2. **Presentations requiring laptops and laptop projectors must be supplied by presenter(s). Note: Laptops/PCs/Projectors Not Provided.**
3. Individuals submitting this proposal and signing this form agrees to receive all conference correspondence and accept responsibility for conveying conference-related information to co-presenters.
4. Appropriate "Releases of Confidential Information" have been obtained for all presenter materials that will be used as a part of this presentation. The responsibility for protecting client confidentiality rests with the presenter(s).
5. Individuals submitting or included within this proposal have agreed to be present in San Antonio, Texas during the hour and date assigned to this presentation at the 2019 TAAE Conference, and conduct this proposed presentation according to the conditions listed above.

Date Submitted: \_\_\_\_\_

Presenter Signature: \_\_\_\_\_

Principal Signature/Approval: \_\_\_\_\_

*This form may be duplicated or downloaded at [taae.org](http://taae.org).*

#### A. FACILITATORS NEEDED

- I would be interested in facilitating or monitoring for TAAE.

#### B. PRESENTER(S) BIO INFORMATION

- 1.) \_\_\_\_\_  
\_\_\_\_\_
- 2.) \_\_\_\_\_  
\_\_\_\_\_
- 3.) \_\_\_\_\_  
\_\_\_\_\_
- 4.) \_\_\_\_\_  
\_\_\_\_\_

**PLEASE MAIL TO:**  
TAAE 2018 Conference  
1306-A West Anderson Lane  
Austin, TX 78757  
Phone: 512-454-8626  
Fax: 512-454-3036  
E-mail: [jmccullough@assnmgmt.com](mailto:jmccullough@assnmgmt.com)



**EL TROPICANO ♦ SAN ANTONIO, TEXAS**

## TAAE 2019 29th ANNUAL CONFERENCE

February 6 - 7 - 8, 2019 ♦ El Tropicano ♦ San Antonio, TEXAS

**PLEASE TAKE THE TIME TO SUBMIT YOUR FORM SO THAT WE CAN PLAN OUR CONFERENCE.**  
EACH SESSION IS 55 MINUTES —Please print neatly or type.

Submitter/Presenter Name: \_\_\_\_\_

School Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Wk): \_\_\_\_\_ Phone (Hm): \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address (Main Contact): \_\_\_\_\_

E-mail Addresses of all other Presenters:

E-mail(1): \_\_\_\_\_

E-mail(2): \_\_\_\_\_

E-mail(3): \_\_\_\_\_

E-mail(4): \_\_\_\_\_

### C. CONFERENCE PRESENTATION/SUITABILITY

*This presentation is most suitable for (check all that apply)*

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Math                    | <input type="checkbox"/> Science                          | <input type="checkbox"/> SOL                | <input type="checkbox"/> English                  |
| <input type="checkbox"/> Elementary              | <input type="checkbox"/> Middle School                    | <input type="checkbox"/> High School        | <input type="checkbox"/> Chapter 37               |
| <input type="checkbox"/> School of Choice        | <input type="checkbox"/> Technical                        | <input type="checkbox"/> Administrative     | <input type="checkbox"/> Curriculum & Instruction |
| <input type="checkbox"/> Discipline Centers      | <input type="checkbox"/> Licensed Professional Counselors | <input type="checkbox"/>                    | <input type="checkbox"/> Service Learning         |
| <input type="checkbox"/> <u>Type of Program:</u> | <input type="checkbox"/> <u>Information</u>               | <input type="checkbox"/> <u>Application</u> | <input type="checkbox"/> <u>Instruction</u>       |

### D. PRESENTATION INFORMATION *\*Use additional form if more than one topic*

1. Title of presentation: \_\_\_\_\_  
\_\_\_\_\_
2. A brief description or summary of session: (Note: All or part of this description will be used in the conference programs; use attachments if necessary.) TAAE reserves the right to select those presentations that are Curriculum/TAKS based and Provide teachers with skills and information that can be immediately transferred to the classroom.  
**Session Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  

*(Please use an additional sheet if needed)*
3. What skills, information or Make & Take items will come with this presentation?  
\_\_\_\_\_  
\_\_\_\_\_

### E. AUDIO/VISUAL - GUIDELINES & INFORMATION

**4. Audio/Visuals: (Limit one please.)** *Note: Laptops and/or projectors not provided*

*Note: All rooms will be equipped with screen and power carts for presentations.  
Note: PowerPoint LCD presentations/equipment/computers must be supplied by Schools or presenters..*

I Need/Require:  Flipchart  White Board  Special Request \_\_\_\_\_