

**CONNECTING
THE DOTS**

**DISCOVERING
OPPORTUNITIES VIA
TEAMBUILDING AND
SOLIDARITY**

**CAPED 36th Annual Convention
Riverside Marriott/
Riverside Convention Center
Riverside, CA
October 16 - 19, 2011**



This information is available in alternate formats by contacting CAPEDConvention2011@gmail.com

The California Association for Postsecondary Education and Disability (CAPED) invites workshop/session proposals for the 36th Annual Convention in Riverside, CA. Visit www.caped.net for additional convention information.

- Convention Theme **Connecting the DOTS: Discovering Opportunities via Teambuilding and Solidarity**
- Proposal Deadline Email complete proposals by **Thursday, July 15, 2011 to:**

CAPEDConvention2011@gmail.com
- Workshop/Session Length 75 minutes
- Anticipated audience Disability-related professionals from the spectrum of postsecondary institutions, service/support agencies, students/consumers, & other community representatives
- Selection Criteria This year CAPED is proud, once again, to partner with the California Health Incentives Improvement Project (CHIIP) to offer its convention with the theme of Connecting the DOTS.
1. Proposals should address the relevance to the themes/issues of collaboration, broad stakeholder participation, innovation and pooling of resources toward the end of serving students with disabilities
 2. Clear purpose, relevance and learning outcomes
 3. Creativity and originality
 4. Panels, interactive & unique presentation styles are a convention priority

Program Title (12 words or less): _____

Coordinating Presenter:

Name	Title
Institution	Email
Street Address	Office Phone
City	FAX
State Zip	Alternate Phone (optional)

Enter co-presenters' identification on page 4, if necessary.

Coordinating Presenter's Responsibilities

My signature below indicates agreement to all of the following:

- I have communicated with all my co-presenters and they have agreed to participate in this presentation, if accepted.
- Upon acceptance of this presentation, any presenter needing accommodations will request this via email to CAPEDConvention2011@gmail.com
- I understand that information regarding this proposal will be sent only to me as coordinator. I recognize that as the coordinating presenter, if accepted, I am responsible for subsequently communicating information regarding this presentation to the co-presenters.
- I understand that I am responsible for providing presentation materials in **alternate formats at the time of my presentation⁺⁺**. This includes two copies of all handouts in large print (18 pt font), two accessible electronic copies, and one copy in grade 2 Braille. All video will be captioned.
- I understand that the program abstract will be published in the convention program book and/or on a flash drive and posted on the CAPED website.
- I recognize that all presenters are required to register for the convention if they attend any session beyond our own, and if so, I ensure that all presenters will be registered.
- I understand that I am responsible to email by August 31 final versions of handouts and audio visual materials for posting on the CAPED Website.

Coordinating Presenter's Signature ‡

Date

⁺⁺ **Alternate Formats:** CAPED will be able to provide limited alternative format assistance to presenters who submit handout materials 6-8 weeks in advance of the convention.

Publications
Release

If accepted for CAPED 2011, my presentation may be photographed for inclusion in the CAPED Communiqué. I am under no obligation to sign this release, and it will not be a factor in deciding to accept my proposal.

I hereby give my permission, and that of any co-presenters, to CAPED and its publishing agent(s) to photograph my convention presentation.

Coordinating Presenter's Signature ‡

Date

‡ Electronic signatures are accepted

**Email only complete proposal by
July 15, 2011 to:
CAPEDConvention2011@gmail.com**

**For more
information
contact:** Nathan Church
nchurch@collegeofthedesert.edu
(760)776-7385

Program Description

Submit a succinct description of the 75 minute presentation program including all of the following information. Incomplete proposals might be excluded from consideration.

Program Title - 12 words or less

Program Format - Individual, panel, demonstration, &/or interactive

Program Abstract - 60 words maximum to be used in the convention program book

Program Description (please attach separate document)- 250 - 500 words to include the purpose, relevance and learning outcomes; target audience and skill level (beginning, intermediate, advanced, or all levels); description of the presentation, including program format; and description of handouts to be provided.

Audiovisual Equipment Needs:

- | | |
|---|---|
| <input type="checkbox"/> I will not be using any audio/visual equipment. | <input type="checkbox"/> Speakers |
| <input type="checkbox"/> I will provide my own laptop with cables. I understand my laptop must support closed captioning. | <input type="checkbox"/> Internet Connection |
| <input type="checkbox"/> MAC users are required to bring own laptop. In addition the special adaptor needed for the LCD projector must be included. | <input type="checkbox"/> Overhead projector |
| <input type="checkbox"/> Screen | <input type="checkbox"/> Slide projector |
| <input type="checkbox"/> Laptop: PC Only | <input type="checkbox"/> Video player** (VCR and monitor) |
| <input type="checkbox"/> LCD Projector | <input type="checkbox"/> DVD player** |
| | **The CAPED 2011 Committee <u>requires</u> that all videos/DVDs used at the convention are open or closed captioned. |
| | <input type="checkbox"/> Other AV equipment Needs: (please specify) _____ |

NOTE: CAPED attempts to provide all equipment for its presentations, especially screens and LCD projectors, but we may not be able to honor all requests. Checking above does not guarantee equipment availability by CAPED.

Co-Presenter 1: (If a doctorate is possessed, please indicate EdD, PhD or specific doctorate)

Name	Title
Institution	Email
Street Address	Office Phone
City	FAX
State Zip	Alternate Phone (optional)

Co-Presenter 2: (If a doctorate is possessed, please indicate EdD, PhD or specific doctorate)

Name	Title
Institution	Email
Street Address	Office Phone
City	FAX
State Zip	Alternate Phone (optional)

Co-Presenter 3: (If a doctorate is possessed, please indicate EdD, PhD or specific doctorate)

Name	Title
Institution	Email
Street Address	Office Phone
City	FAX
State Zip	Alternate Phone (optional)

Co-Presenter 4: (If a doctorate is possessed, please indicate EdD, PhD or specific doctorate)

Name	Title
Institution	Email
Street Address	Office Phone
City	FAX
State Zip	Alternate Phone (optional)