

COALITION OF INFANT/TODDLER EDUCATORS (CITE) Request for Proposal 2019 ANNUAL CONFERENCE

April 5, 2019

National Conference Center, East Windsor, NJ

Mail or e-mail completed form by December 1st to CITE, P.O. Box 1015, Barnegat Light, NJ 08006 email: helenmuscato@comcast.net

A \$50 honorarium and complimentary registration (for the day of the presentation) will be offered to one presenter per workshop (additional presenters will need to pay a reduced registration fee of \$50).

Check NJ Infant/Toddler Credential Quality Key Indicator (choose only one)		
☐ Infant Mental Health: Social/Emotional Well Being	☐ Family and Community	
☐ Child Development	☐ Curriculum	
□ Environment	☐ Health and Safety	
□ Nutrition	☐ Professionalism	
Check the competency level(s) of the individuals you are ☐ Level I Individuals at this level are at the first step in the comm contribute to and assure the maintenance of a safe and develop; they learn about children and families through they receive ongoing supervision from someone at a higher	itment to a career in early care and education; they nurturing environment in which children learn and participation in professional development activities:	
☐ Level II Individuals at this level consistently exhibit practices glearning; they work cooperatively with others, establish glirect supervision; they have participated in formal study letheir knowledge through guided and reflective experience versions.	ood mentoring relationships, and sometimes provide eading to a degree and/or certificate and have refined	

☐ Level III

Individuals at this level have extensive academic preparation and experience in the field; they can be responsible for mentoring those at Level I and II; they possess the ability to provide new resources in the development of theory and innovative practice; they demonstrate a mastery of developmentally appropriate practices which allow them to mentor peers as well as persons at other levels.



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PRESENTATION PROPOSAL FORM (Please type or print legibly)

PRESENTER		
Title	Employe	er
(Please list exactly as it sho	ould appear in the confer	ence brochure)
Mailing Address		
City	State	Zip
Home Telephone	Work	Fax
Email		
* CO-PRESENTER		er
Title	Employe	er
(Please list exactly as it sno	ould appear in the confer	ence brochure)
Mailing Address		
City	State	Zip
Home Telephone Email		Fax
•	brief outline of education	ninary Program. on and experience in the early childhood field for presenters.
THE OF TRESERVIATION		
	DRKSHOP LEVEL Ple	escription for the conference program. Include content and ease remember our audience are infant/toddler educators (dehool aged children).

If accepted, you will receive a timely notification by mail.

Workshops are two hours in length

AUDIO-VISUAL EQUIPMENT WILL BE THE RESPONSIBILITY OF CONFERENCE PRESENTERS. EQUIPMENT MAY BE PRIVATELY RENTED. INFORMATION ABOUT RENTALS WILL BE INCLUDED IN CONFIRMATION LETTERS. Presenters are expected to provide sufficient quantities of handout materials for session attendees.