



Florida School Health Association Conference 2024

Growing Healthy Kids

May 8-10, 2024

Rosen Plaza Hotel (Note New Hotel)**

9700 International Drive

Orlando, FL 32819

Call for Proposals for Concurrent Session on Thursday, May 9, 2024

All presentations must demonstrate linkage with School Health Services, Health Education, Mental Health, Social Workers, or Life Skills & Character Resiliency

1. Title of proposed program: _____

2. **Print** name and contact information of primary presenter:

Name: _____ Degree(s): _____

Title: _____ Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

E-mail: _____

3. Additional presenters: _____

4. FSHA will provide upon request an LCD Projector. Please check: Yes _____ No _____

NO LAPTOPS PROVIDED **NOTE: THERE IS NO INTERNET ACCESS IN BREAKOUT ROOMS**

5. Time: **All sessions will be one hour.** Preference: Morning session _____ Afternoon session _____

6. Describe the content of the presentation in 100-150 words or less using complete sentences (see Part II).

7. **Please include:** Objectives, outline, bibliography and an abbreviated two page resumé for **all** Presenters.
(OR use attached Part II form for Resume)

Handouts will be the responsibility of the presenters.

*Return completed forms by **March 15, 2024** to:*

Sherri T. Reynolds
446 Camille Dr.
Osprey, FL 34229

Any questions: please call:
(941) 544-6979
E-mail: Sherriirish@hotmail.com

**Florida School Health Association's Conference 2024
Program Proposal Part II**

Name of Presentation: _____

Presenter: _____

Contents, Brief Outline:

Objectives:

Bibliography of Referenced Work: (Articles or books that pertain to your topic:
Author, Article/Book Title, Publisher, Date Published)

Brief overview of content: (one or two sentences to be used in program booklet)

Attach 100-150 word description of presentation describing content.

**Florida School Health Association's Conference 2024
Presenter's Resumé Information**

PLEASE PRINT

Complete This Form Only if You Do Not Have an Abbreviated Two Page Resume to Submit.

Name: _____

Address: _____

Phone: _____

Education Background (Include Name of School Attended, Degree Earned and Year Graduated).

Professional Work Experience:

Current Work Assignment:

**Please return this form OR an abbreviated 2 page resume to
Sherri Reynolds with application by March 15, 2024.**