

**Florida School Health Association Conference 2017**

**May 17<sup>th</sup> – 19<sup>th</sup>, 2017**

**Rosen Centre Hotel**

9840 International Drive,  
Orlando, FL 32819

**Call for Proposals for  
Concurrent Session on Thursday, May 18<sup>th</sup>, 2017**

*All presentations must demonstrate linkage with School Health Services and/or School Health Education.*

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: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Additional presenters: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

**NO LAPTOPS PROVIDED.**

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 (or use attached Part II form) for **all** presenters.

**Handouts will be the responsibility of the presenters.**

Return completed forms by **March 31<sup>st</sup>, 2017** to:

Sherri Reynolds  
446 Camille Dr.  
Osprey, FL 34229

Any questions: please call:  
(941) 966-7623 or (941) 544-6979  
E-mail: Sherriirish@hotmail.com

**Florida School Health Association's Conference 2017  
Program Proposal Part II**

Name of Presentation: \_\_\_\_\_

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

Contents, Outline:

Objectives:

Bibliography of Referenced Work: (Articles or books that pertain to your topic.  
Eg: Montana, Joe. Jumping for Health, American Journal of Sports Health, October 2014)

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 2017  
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 to Sherri Reynolds with application by March 31<sup>st</sup>, 2017.**