



Florida School Health Association Conference 2020

Sharing a Vision of School Health

May 6-8, 2020

Rosen Centre Hotel

9840 International Drive,
Orlando, FL 32819

Call for Proposals for Concurrent Session on Thursday, May 7, 2020

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: _____ Cell Phone: _____

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

Handouts will be the responsibility of the presenters.

*Return completed forms by **March 2, 2020** to:*

Sherri T. 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 2020
Program Proposal Part II**

Name of Presentation: _____

Presenter: _____

Contents, Brief 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 2019)

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 2020
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 2, 2020.**