



31st Annual Conference

Massachusetts Early Intervention Consortium

Tuesday & Wednesday, April 13 – 14, 2009

Best Western Royal Plaza Hotel

Marlborough, Massachusetts

REQUEST FOR PROPOSAL

NAME(S)	DEGREE
	LICENSE #/STATE:
POSITION AND TITLE	
ORGANIZATION	
MAILING ADDRESS	
CITY/STATE/ZIP	
TELEPHONE	() - FAX () -
EMAIL ADDRESS	
PRESENTATION TITLE (maximum of 70 characters)	

PROPOSAL FOR:	TARGET AUDIENCE:	LEVEL OF PROFICIENCY EXPECTED OF REGISTRANTS FOR OPTIMUM BENEFIT:
<input type="checkbox"/> 2-hr workshop	<input type="checkbox"/> Parents	<input type="checkbox"/> New (less than 1 year)
<input type="checkbox"/> 4-hr, half-day workshop	<input type="checkbox"/> Professionals	<input type="checkbox"/> Intermediate (1-3 years)
<input type="checkbox"/> 6-hr, full-day workshop	<input type="checkbox"/> Administrators	<input type="checkbox"/> Advanced (3 years)
		<input type="checkbox"/> All levels of experience/interest
REQUIRED MATERIALS FOR PRESENTATION PROPOSAL: NOTE: ALL ITEMS MUST BE RECEIVED FOR PROPOSAL TO BE CONSIDERED	<input type="checkbox"/> <i>Abstract or short narrative description of the presentation, as you would like it to appear in the conference brochure (maximum of 75 words)</i> <input type="checkbox"/> <i>Outline for your presentation (content outline must include: order of topics, time allocations and learning methodologies)</i> <input type="checkbox"/> <i>Expected learning outcomes (at least three per presentation)</i> <input type="checkbox"/> <i>Short bibliography</i> <input type="checkbox"/> <i>Resume or CV</i> <input type="checkbox"/> <i>Handouts</i>	
EARLY INTERVENTION COMPETENCIES TO BE ADDRESSED:**	1. 2. 3.	
CHECK AS APPROPRIATE:	<i>I would like assistance obtaining a caregiver co-presenter:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

** Please visit <http://www.eitrainingcenter.org/pd/?page=comparea> to determine EI competencies.

Please duplicate this form if submitting more than one proposal. Submit this RFP for receipt by **November 6, 2009**.

Receipt will be acknowledged with notification of acceptance status by **January 8, 2010**.

Please email to: tcornell@percs.info or Mail/fax to:

PERCS
 Attention: Tara Cornell
 345 Fortune Boulevard, Milford, MA 01757
 Tel: 508-478-2631 / Fax: 508-478-0615

For an electronic version of this form, email tcornell@percs.info.