



**43<sup>RD</sup> ANNUAL CONFERENCE  
LOUISIANA COUNCIL FOR THE SOCIAL STUDIES  
OCTOBER 16 & 17, 2009  
BATON ROUGE MARRIOTT**

## **CALL FOR PROGRAM PROPOSALS**

**\*\*PROPOSAL DEADLINE: JULY 31, 2009\*\***

Please send completed forms to:  
Jennifer Owen Powers  
Louisiana Department of Education  
1201 North Third Street, Rm. 4-234  
Baton Rouge, LA 70802

**COMMITMENT TO REGISTER, ATTEND, AND PRESENT**  
(Please print or type neatly.)

**Applicant's Name(s):** \_\_\_\_\_

**Mailing Address:**

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

**E-mail Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

If the Program Committee of the Louisiana Council for the Social Studies accepts this proposal, all program presenters agree to pre-register for the conference before the final printing of the final program in September 2009. A pre-registration form will be sent with notification of the status of the proposal. This registration form must be returned before the proposal will be listed in the official conference program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(See next page for Program Proposal Form)

**2009 LCSS ANNUAL CONFERENCE • BATON ROUGE MARRIOTT**  
Conference Theme: *“Red Stick Revival: Rejuvenating Social  
Studies Education in Louisiana”*

**PROGRAM PROPOSAL FORM**

Instructions: Proposals should address the theme of the conference, but may deal with a variety of topics and levels of instruction, including elementary, middle/junior high, high schools, teacher pre-service and in-service education, curriculum development, research and leadership/supervision efforts related to improving reaching and learning in the social studies.

Please attach to this form an outline of your session with includes a statement of relevance to the theme, objectives, content, and methods. All sessions must be at least 60 minutes in length. If more time is desired, please indicate on form. All rooms will be arranged theater style. If tables are desired, please note this. **All presenters are required to bring their own audio-visual equipment for their session, or they may rent from the hotel.**

**Please type or print all information.**

**Session Title:** \_\_\_\_\_

**Presenter’s Name:** \_\_\_\_\_

**Institutional Affiliation/Job Position:** \_\_\_\_\_

**Co-Presenter (if applicable):** \_\_\_\_\_

**Institutional Affiliation/Job Position:** \_\_\_\_\_

**Program Abstract:**

*50 words or less, exactly as you wish it to appear in the Official Conference Program*

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

**Type of Audience:**      **Elementary** \_\_\_\_\_      **Middle** \_\_\_\_\_

**High School** \_\_\_\_\_      **General** \_\_\_\_\_

**Length of Session:**      **60 minutes** \_\_\_\_\_      **90 minutes** \_\_\_\_\_      **120 minutes** \_\_\_\_\_

**Please indicate if you would be willing to repeat this session:**    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

**Please indicate if your presentation will require Internet access:**    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_