

10th Annual Bluegrass Region



Grandparents & Relatives as Parents Conference

Call for Presentations

Thursday, March 15th, 2012

The Clarion Hotel – Lexington

(Formerly the Holiday Inn – North)

1950 Newtown Pike

Lexington, Kentucky

Submit presentation on-line at www.gapofky.org or print, complete, and mail to:

David B. Bassoni or Emily Christian

Bluegrass Area Agency on Aging and Independent Living

699 Perimeter Drive, Lexington, KY 40517

(859) 269-8021 - dbassoni@bgadd.org or echristian@bgadd.org

Submission Deadline: October 28, 2011



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Call for Presenters

We are actively seeking presenters who would like to present or speak at the 10th Annual Grandparents and Relatives Raising Children Conference. We look forward to receiving your proposal.

We will be applying for Continuing Education Credits, so we need the information on the attached form, including a brief biography, a recent resume, and the learning objectives for your presentation. Our selection committee will review each proposal and provide notification by **November 4, 2011**.

The 2012 conference will be held on Thursday, March 15th. We anticipate attendance of approximately 450 at the conference, comprised of grandparents, relatives, and professionals, such as social workers and Family Resource Center Coordinators. This event will be at The Clarion Hotel – Lexington (formerly the Holiday Inn – North) at 1950 Newtown Pike in Lexington, Kentucky.

According to data from last years attendees, most have greater than a high school education, eighty-four percent are grandparents, the group is predominately female between the ages of 50-69, fifty-two percent are employed full time and more than half of the attendees are married. For most of the attendees this is the only educational or support program that they attend. In previous years they have attended workshops on legal issues, parenting, substance abuse, childhood behavioral issues, advocacy, family activities, and community resources.

Relatives at the conference span the caregiving spectrum. Some relatives stepped in to take care of children when the Cabinet for Health and Family Services removed the children from their parents' homes due to abuse or neglect, while others assumed this responsibility independently. Some provide care part time, temporarily, or informally, while others have pursued legal custody, guardianship, or adoption. The adult children often come in and out of these families' lives and, in many cases, struggle with substance abuse and legal issues.

Most rooms will be set up classroom style, with the exception of the main meeting room, which will have round tables and chairs. Please indicate your audio-visual needs on the enclosed ***AV and Support Needs Form***.

A continental breakfast and lunch will be served. If you would like to have a free exhibit table at the conference, please also indicate your preference on the ***AV and Support Needs Form***. Speakers will be offered free conference registration.

To help us plan for and publicize the conference, please complete and return the enclosed ***Speaker Proposal Form*** as soon as possible. As the conference draws closer, you will receive additional information about the Conference including a detailed schedule and directions to the hotel. If you have any questions in the meantime, please feel free to contact David Bassoni or Emily Christian at 859-269-8021, or dbassoni@bgadd.org or echristian@bgadd.org.

Thank you again for your willingness to be a part of the Bluegrass Regional GAP Conference.



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Speaker Proposal Form

Speaker's Name: _____
Title/Agency (if applicable): _____
Street Address: _____
City: _____ State: _____ Zip: _____

May we provide the above contact information to conference attendees? Yes No

Desired Workshop Title: _____

Brief Description of Workshop Content:
Participants will:

Three to five learning objectives:
The participants in your program will:

Brief Content Outline:
What do you plan to cover in your session?

Teaching Methods:
_____ Lecture _____ Panel Discussion _____ Workshop _____ Power Point

Please provide 3 or 4 sentences of biographical information, or attach a biographical statement that we may use for introductory and promotional purposes. Please briefly describe educational and work experience, as this information is used to apply for continuing education credits. Please attach a recent resume, including any recent presentations you have done that speak to your qualifications or expertise.

AV and Support Needs Form

Please indicate the audio visual equipment you will need during your presentation:

_____None

_____Overhead Projector _____Laptop Computer _____LCD Projector _____Screen

_____Other: _____

Only AV services requested at this time will be supplied.

Do you give permission for media to contact you for an interview? _____Yes _____No

Would you like an exhibit table? _____Yes _____No

Would you like us to photocopy handouts? _____Yes _____No

If yes, please send materials by March 2, 2012 to the address below.

Publishing Permissions

We appreciate the giving of your time and the sharing of your expertise, and we would like to be able to make your presentation available to those that were not able to attend the day's sessions; others that come into their caregiving roles over the course of the coming year; and still more that live in isolated geographical regions throughout the state. We will therefore be making both audio and video recordings, as well as utilizing still photography to record speakers, presenters, and the day's workshops and events to archive and share with these caregivers.

Your receipt of this advisory and signature below are acknowledgement of having been informed of the potential use of your image or voice recording, by the GAP Conference Planning Committee, for non-commercial promotion, information, education, and training purposes, and that you surrender all controlling rights and/or revoke any claims to monetary compensation for use of your likeness or voice recording at this event. The GAP Conference Planning Committee will make every effort to identify and credit individuals whose likeness is used in any of the aforementioned activities.

I acknowledge and accept these terms. _____ _____
Signature *Date*

Please return this form as your earliest convenience to:

David B. Bassoni or Emily Christian
dbassoni@bgadd.org echristian@bgadd.org

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