

Call for Programs - CALCON15 Submission

CALL FOR PROGRAMS - CALCON15

<u>Is this a submission for a 45 or 90 minute session? *</u>	45 minutes (highly recommended)
<u>Program Title *</u>	Teens, Camera, ACTION!: Inspiring Your Teens to Create Award-Worthy Videos
<u>Program Proposal Description (100 words or less) *</u>	Ready to take your teen video programming to the next level, or are you looking for how to start making films with your teens? Come for a fun, interactive session on tips for successful teen video programs, ideas for equipment and software, and contests your teens can enter for recognition and money! We will share examples of short films created by teen patrons and discuss best practices for getting and keeping teens engaged. An emphasis will be placed on affordable and sustainable programming.
Select only one *	Public School
*If other, please explain	
Please select ONE! *	Technology & Digital Services
*If other, please suggest	
<u>Presentation Learning Outcomes</u>	Participants will leave with: <ul style="list-style-type: none">• Ideas for teen video programming• Suggestions for affordable equipment and software• Contest ideas for teens to enter• Real examples of what successful videos can look like
<u>Presentation Type *</u>	Session Workshop
*If other, please describe.	
<u>Association Sponsor *</u>	For General Selection
Has this program been presented at a	No

previous conference?	
*If yes, please explain when and where.	
Date/s you are UNABLE to present	n/a
Does your program need a panel setup? *	No, we need a single podium (additional presenters will be seated when not presenting)
<u>AV needs:</u>	
<u>Please select any items needed for program *</u>	Internet connection (wireless) LCD projector & screen Speakers/sound projection
*If other, please specify	
If you are bringing additional equipment (other than your laptop), please specify here	
Is the Program Organizer also speaking in the session? *	Yes
First Name *	Ashley
Last Name *	Kazyaka
Email Address *	akazyaka@coloradostatelibrary.org
Professional Title	Project Manager
Organization *	Colorado State Library

Street Address *	201 E Colfax, Room 309	City *	Denver
State *	CO	Zip Code *	80203
Phone Number *	303-866-6894		
Program Organizer			
CONFIRMS the ALL Co-Presenters have confirmed their participation in this program *	Yes (you MUST click yes even if you have NO co-presenters)		
Additional Presenter #1 - Full Name	Beth Crist	Additional Presenter #1 - Email Address	crist_b@cde.state.co.us
Additional Presenter #2 - Full Name	Cody Yantis	Additional Presenter #2 - Email Address	cyantis@denverlibrary.org
Additional Presenter #3 - Full Name		Additional Presenter #3 - Email Address	
Additional Presenter #4 - Full Name		Additional Presenter #4 - Email Address	
Do you want your proposal submitted to the CoALA peer review committee? *	No, thank you.		