



## ***THE 19<sup>TH</sup> ANNUAL NEFESH INTERNATIONAL CONFERENCE***

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### **CALL FOR PAPERS**

#### **CONFERENCE FORMAT**

Keynotes, Full Day Trainings, Two Hour and Three Hour Workshops  
Poster Presentations  
Special Events

#### **Please submit**

- (A) Cover Letter,
- (B) Abstract
- (C) Biographical Sketch
- (D) Full CV
- (E) Audiotape Waiver and Authorization & Confidentiality Agreement.

**PLEASE NOTE: PAPERS WILL NOT BE REVIEWED UNLESS ALL THE INFORMATION LISTED BELOW IS INCLUDED.**

- A. Cover Letter:** Attach a cover letter that includes the following;
1. Exact Title of proposed presentation.
  2. Subject of the course/educational activity.
  3. Type of proposed presentation: Two-Hour Workshop Full Day Training, etc.
  4. Presenter(s)
    - i. Lead Presenter's name, address, degree, phone number, fax number, and email address
    - ii. Additional presenter: same as lead presenter
  5. Presentation Format (primarily didactic, interactive or experiential)
  6. Presentation content (primarily theoretical, clinical/case examples or research /experimental)
  7. Suggested audience level for the presentation (beginner, advanced, all levels)
  8. Target audience (mental health professionals, Rabbonim/Educators, all attendees)
  9. Requirement for audiovisual equipment

10. Please indicate any accommodations for a disability that would facilitate your participation

**B. Abstract:**

Attach a description of the presentation that includes the following:

An extended abstract that describes major ideas, themes, and aims of the presentation (no more than 250 words)

1. A brief summary abstract for potential inclusion in the Conference brochure (no more than 50 words)
2. Three educational objectives that are achieved by the presentation.

**C. Biographical Sketch:**

Attach a description of your professional experience in the following order:  
Current title and affiliation; relevant publications; relevant organizations; private practice location and area of expertise (no more than 100 words)

**D. Full CV**

**E. Please sign and date:**

1. Audiotape waiver and authorization.
2. Confidentiality agreement

**PRESENTATION GUIDELINES**

Please adhere to the following guidelines:

1. Integrate relevant clinical examples
2. Do not plan to only read or lecture (leave some time for questions and discussion)
3. All presentations must relate to stated learning objectives

A complete packet, as detailed above, must be submitted for each proposed presentation

***Deadline: Wednesday, July 1, 2015***

**Please Note: No Proposal will be reviewed unless all materials are submitted!**

E-mail or fax each proposal to:

*Email To: [secretary@nefesh.org](mailto:secretary@nefesh.org)*

**Phone: 201-384-0084      Fax: 347-342—3046**

**All presenters will be required to register for the Conference**

**Presentation Title:**

\_\_\_\_\_

**Presenter Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Tel #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**AUDIOTAPE WAIVER AND AUTHORIZATION**

I, (print name) \_\_\_\_\_, do hereby authorize Nefesh or its agents to record, duplicate, and offer for sale on cassette tape and/or CDs, my presentation and any portion of my participation in the 19th Annual Nefesh Conference, and I do hereby waive any and all claims resulting from the recording, duplicating, and sales of the aforesaid. Sale of tapes and CDs will be limited to conference attendees, members of Nefesh International and others as authorized by Nefesh International. You will be able to receive a complimentary copy of your presentation at the audiotape sales booth after your presentation.

Speaker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**CONFIDENTIALITY AGREEMENT**

Owing to the sensitive nature of cases relevant to your work with patients and clients within your community, it is essential from the standpoints of Halacha and confidentiality that all presenters will conceal any and all identifying information in discussing persons and situations.

I hereby attest that I will adhere to the strictest application of confidentiality guidelines as prescribed by halacha and my professional body.

Speaker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax or E-mail  
Alicetusk@nefesh.org  
Fax 347-342-3046