

CALL FOR PROPOSALS

2nd ANNUAL INFANT MENTAL HEALTH CONFERENCE

Philadelphia, PA

OCTOBER 22 – 23, 2010

Workshop Presenter Information Sheet

Thank you very much for your interest in presenting a workshop at our 2ND annual conference.

Please complete the following questions.

We will notify you of the status of your proposal as soon as is possible.

Speaker benefits will include discounted registration fees (TBD) and no-fee CEUs when allowed.

Each workshop presentation will be limited to one hour and thirty minutes.

Identifying Information for Presenter(s)

PRIMARY PRESENTER:

Name /Degree(s) (As you would like it to appear in brochure):

Professional Title(s):

Place of Employment:

Phone numbers

(day):

(evening):

(cell):

E-Mail:

SECONDARY PRESENTER: (Cut and Paste this section below if there are more than two presenters)

Name /Degree(s) (As you would like it to appear in brochure):

Professional Title(s):

Place of Employment:

Phone numbers

(day):

(evening):

(cell):

E-Mail:

Title of Presentation:

Brief Description for brochure (preferably two - three sentences):

Please list three one sentence learning objectives for your presentation.

- 1.
- 2.
- 3.

Detailed Description of Proposed Presentation: (Please limit to 400 words)

Number of audience is limited to: _____ or no preference.

Special scheduling limitations or requests:

Audio Visual/Room Set up needs: Please specify if using power point. Bring your presentation on a jump drive and/or CD and you will be assigned to a room with a computer and power point projector.

Please return your proposal to Robert Gallen, Program Director: Infant Mental Health, Chatham University, Woodland Rd., Pittsburgh, PA 15232 **by June 1, 2010.**
You can also email to imhp@chatham.edu.

THANK YOU FOR YOUR SUBMISSION!