

NAMI CALIFORNIA ANNUAL CONFERENCE 2009
“Destination Recovery”

WORKSHOP PROPOSAL FORM

Important Information for Workshop Presenters

NAMI California’s 2009 Annual Conference will be held at the Torrance Marriott South Bay in Torrance, California on August 21 & 22, 2009. Workshops will be presented both days.

This form must be completed to be considered. A brief biographical sketch of each presenter must be submitted with this form. The Conference Committee will only review completed forms. Forms must be received by May 1, 2009. Any additional information that may be helpful for the review process can be attached. Please do not attach more than three pages of supplemental information.

Family members who present workshops must pay for registration. Consumers who are workshop participants do not pay registration and are given a complimentary lunch on the day of the presentation only.

TVs, VCRs and LCD projectors cannot be provided because of their rental expense. Presenters are allowed to bring in their own LCD projectors (without charge), and presenters may rent TV and VCR equipment from the hotel. Handouts are encouraged and are to be provided by presenters. **ANY EQUIPMENT NEEDS MUST BE SUBMITTED ON THIS FORM. EQUIPMENT WILL NOT BE ADDED AFTER WORKSHOP IS APPROVED.**

It is the responsibility of the person submitting a workshop proposal to assure that each participant named in the proposal agrees to be in the workshop. If the workshop proposal is accepted by NAMI California, it is the responsibility of the person submitting the proposal to notify the workshop participants.

Speakers are responsible for their own hotel, travel expenses, and arrangements.

1. Workshop Title:

2. What is the main objective and goals of this presentation? Identify the general benefit.

3. Please provide a workshop description of 40 words or less. If your workshop is accepted, this description may be printed in the program.

4. Speakers (maximum of four (4) presenters):

a) Name: _____ Title: _____ Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____ Is this presenter a consumer? Yes No

PLEASE ATTACH BRIEF BIOGRAPHICAL SKETCH

b) Name: _____ Title: _____ Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____ Is this presenter a consumer? Yes No

PLEASE ATTACH BRIEF BIOGRAPHICAL SKETCH

c) Name: _____ Title: _____ Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____ Is this presenter a consumer? Yes No

PLEASE ATTACH BRIEF BIOGRAPHICAL SKETCH

d) Name: _____ Title: _____ Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____ Is this presenter a consumer? Yes No

PLEASE ATTACH BRIEF BIOGRAPHICAL SKETCH

5. Will equipment be required? No Yes

(If yes, please list equipment below. NAMI California will not pay for TVs, VCRs or LCD projectors.)

6. Will internet be required? No Yes

(If yes, please be advised that you will be financially responsible for this service.)

This Workshop was submitted by:

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PLEASE COMPLETE AND RETURN THIS FORM BY MAY 1, 2009:

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