



ANNUAL CONFERENCE

May 14 & 15, 2015

UMMC Conference Center, Jackson Medical Mall, 350 W. Woodrow Wilson Drive, Jackson, MS

CALL FOR PROPOSALS

Proposals Must Be Received by January 30, 2015

Presentation Formats:

Workshops 60 minute sessions: Thursday, May 14, 8:00 am - 4:30 pm; and Friday, May 15, 8:00 am - 4:00 pm.

Guidelines for Submission: Proposals *must be typed* using the attached format and *submitted no later than January 30, 2015*. Proposals may be submitted by mail to NAMI MS, 2618 Southerland Street, Suite 100, Jackson, MS 39216 or electronically in PDF to: namiconference@namims.org. We prefer to receive the proposals electronically.

The proposal form includes a section to indicate if the presenter(s) is willing to present the educational program twice during the conference. If you indicate yes, you may be asked in advance and/or during the conference should a speaker cancel at the last minute, to present your offering for a second session.

NAMI MS will:

- Maintain all submitted proposals for file and/or future consideration.
- Notify the primary contact of acceptance or denial decisions, and will send final registration brochure to confirm scheduled date and time.
- Include the accepted workshop title of **10 words or less** and the speakers' supplied title/credentials up to **10 letters or less**.
- Apply for CE credits for several disciplines.
- Provide to the attendees copies of any presentation handouts IF the presenter submits the original to the State Office via email or mail **no later than April 15, 2015**.
- Provide a podium and screen *as requested* by the presenter. A microphone will be provided based on the number of pre-registered attendees for the presenter's workshop. Presenters who wish to provide their own equipment may do so with notice to the Office of any electrical hook-up requirements.
- Provide a moderator to introduce the speaker and a monitor(s) to assist the speaker, distribute materials, and collect evaluations.
- Provide each presenter with conference materials, including name badge and program. **Presenters must check in at the Presenter registration table on-site to receive the materials.**



National Alliance on Mental Illness

nami

Mississippi

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WORKSHOP PROPOSAL

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1. Proposed Workshop Title: _____

2. If your presentation is to contain Cultural Diversity/Cultural Competencies and/or Ethics subject matter, please indicate number of planned minutes:

30 minutes ____ 60 minutes ____ Other ____

3. Identify at least 3 specific learning objectives in terms of "Participants will be able to . . ." Be sure to include cultural diversity/cultural competencies and/or if you indicate above (#2) the subject(s) will be included in your presentation.

1) _____

2) _____

3) _____

4. Relevance to Mental Health Practice or Services (skills, knowledge, values, ethics). This program is relevant to practice because:

5. Primary Contact/Presenter Data (See page 5 for additional Presenter Data form.)

Total number of speakers: _____

Name/Credentials: _____

Education (Degrees/Majors): _____

Current Position: _____

Organization/Agency: _____

Contact Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

(e-Mail will be our primary method of contact with you.)

Bio. : **Please do not send CV.** Provide information you want to be used in your introduction during your session.

School(s) Attended: _____

Professional Activities (boards/commissions; publications, etc.): _____

Professional Achievements/Honors: _____

6. Have you presented this workshop before? Yes _____ Program & Date? _____
No _____

7. If requested, will you agree to repeat this session during the conference? Yes _____ No _____

8. Equipment request: Screen ____ Podium ____ Projector ____ Laptop ____

I will provide my own equipment ____ Electric outlet required ____

(Please bring an extension cord for any electrical equipment you provide.)

All presentation rooms will be arranged in classroom style seating.

9. Agreement:

As the primary or sole presenter, I accept the conditions identified in the NAMI MS Call for Proposals Guidelines and Application. If the submitted proposal is accepted for presentation at the 2014 conference, I agree to commit to presenting the workshop. I agree to notify the NAMI MS State Office as soon as known if I or any of the presenters identified in the accepted proposal cannot fulfill the commitment for circumstances beyond the control of the presenter(s).

Primary or sole presenter's signature

Date

Additional Presenter Data Form *(May be duplicated)*

Name/Credentials: _____

Education (*Degrees/Majors*): _____

Current Position: _____

Organization/Agency: _____

Contact Address: _____

Phone: _____ Fax: _____ Email: _____

Bio: **Do Not send CV.** (*Provide information you want to be used in your introduction during your session.*)

License/or Certification: _____ State: _____

Schools Attended _____

Professional Activities (*boards/commissions, publications, etc.*): _____

Professional Activities (*boards/commissions, publications, etc.*): _____

Professional Achievements/Honors: _____

Other Employment: _____