

NAMI MARYLAND ANNUAL CONFERENCE 2018

WORKSHOP PROPOSAL FORM

Important Information for Workshop Presenters

NAMI Maryland's 2018 Annual Conference, will be held at the Sheppard Pratt Conference Center in Towson, MD on Friday, October 19 and Saturday, October 20, 2018. Workshops will be presented on both days.

This form must be completed to be considered. A brief biographical sketch AND resume of each presenter must be submitted with this form. NAMI Maryland will only review completed forms. **Proposals will be considered on a rolling basis beginning in mid-June.** Thus, the earlier proposals are submitted, the earlier a determination may be made. 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.

In general, TVs, laptops 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 equipment from the conference center. 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 Maryland, it is the responsibility of the person submitting the proposal to notify the workshop participants.

NAMI Maryland does not pay honoraria, cover expenses of presenters, or reimburse for materials used in workshops. If you wish to attend other workshops at the conference, presenters must pay the conference registration fee. Limited scholarships are available for presenters who can demonstrate need, in which case registration fees are waived and lunch is provided only on the day they present.

PLEASE COMPLETE AND RETURN THE FORM TO:

NAMI Maryland

Attn: 2015 Annual Conference

10630 Little Patuxent Parkway, #475

(410) 884-8691 office (410) 884-8695 fax

Or Email: connection@namimd.org

**(Proposals may be considered after this date on an ad hoc basis- based on topic and slot availability)*

Please type or clearly hand-print this form. If you need more space, feel free to attach additional sheets, but do refer to the specific question on the form. Only completed forms will be considered.

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. Will your workshop provide handouts or other materials to the participants? Will any of them be available digitally for NAMI Maryland's further dissemination? Please describe generally:

5. Will information regarding: health and/or mental health disparities, co-occurring substance use, behavioral and physical health, psychiatric crises, early detection and intervention, best practice or emerging treatment(s), community supports and services, benefits, diversity or multicultural issues will be addressed in the workshop in any way? Please describe generally.

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

a) Name: _____ Title: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Is this presenter an individual living with a mental illness? Yes No Is this presenter a family member? Yes No

PLEASE ATTACH BRIEF BIOGRAPHICAL SKETCH

b) Name: _____ Title: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Is this presenter an individual living with a mental illness? Yes No Is this presenter a family member? Yes No

PLEASE ATTACH BRIEF BIOGRAPHICAL SKETCH

c) Name: _____ Title: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Is this presenter an individual living with a mental illness? Yes No Is this presenter a family member? Yes No

PLEASE ATTACH BRIEF BIOGRAPHICAL SKETCH

d) Name: _____ Title: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Is this presenter an individual living with a mental illness? Yes No Is this presenter a family member? Yes No

PLEASE ATTACH BRIEF BIOGRAPHICAL SKETCH

7. Will equipment be required? No Yes

(Please list equipment. NAMI MD will not pay for TVs, laptops or LCD projectors.)

8. Will internet be required? No Yes

(Wireless is available in the conference center but we must be notified if you will need this service.)

9. Which days are you available?

Friday, October 19, 2018 No Yes Saturday, October 20, 2018 No Yes

10. Which time slots do you prefer? Please list in order of preference (1 for highest preference)

Friday morning _____ Friday afternoon _____ Saturday morning _____ Saturday afternoon _____

11. Additional Comments:

This Workshop Proposal was submitted by:

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Other contact information: _____