

2018 Spring Continuing Education Conference for Social Workers

Wednesday–Friday, May 2, 3 & 4, 2018, Charleston (WV) Civic Center

A. Title Page *Provide the following information in detail. Attach extra sheets as needed.*

- 1. **Title of Proposed Presentation** (10 words or less) _____
- 2. **Type of Presentation** (Please Check Only One - Use One Form for Each Proposal)
 1.5-hour Skill-building Workshop 3-hour Skill-building Workshop 1-hour Plenary Presentation
- 3. **Lead Presenter Information** (The Lead Presenter is our primary contact & is responsible to inform any co-presenters.)
 Full Name _____ Degree/s _____ Job Title _____
 Employer _____ Professional License _____ (indicate state if not WV)
- 4. **Address** (Please indicate whether the address listed is your work or home address.) Work Home
 Street/Number _____ City _____ State _____ Zip _____
- 5. **Phone / Email** Work Phone _____ Cell _____ Fax _____
 Email _____ Alternate Email _____
- 6. **Are there Co-Presenters?** Yes No *Attach contact info and CV/resume for each co-presenter. There is a limit of two co-presenters for workshops & four for panel presentations. Presenters & co-presenters receive a generous registration fee discount.*
- 7. **Audience Size Limit** No Limit; Or enter limit number here: _____ (Suggested minimum: 50)
- 8. **Audio Visual Equipment** None I will bring what I need AV equip. needed: _____
Note: Facilities we utilize do not feature built-in AV equipment. Each piece is rented at significant cost. Please request only equipment you will actually use. We ask and encourage you to bring your own equipment, particularly an LCD projector and/or laptop if available, to control costs. Technical assistance is available if you notify us 14-days in advance. Thank you!
- 9. **Level of Practice** Session is geared to: (check one) Advanced Intermediate Entry All practice levels
- 10. **Previous Presentations** Have you presented this workshop/material elsewhere within the past 2 years? If so, where?
- 11. **Signature of Lead Presenter** Signature _____ Date _____

Note: The Spring Conference Planning Committee reviews & juries each proposal. Proposal submission implies agreement with all committee policies, review guidelines & decisions. Information provided after receipt of initial proposal may affect committee decisions.

B. Proposal Abstract

IMPORTANT: Attach a separate sheet with the following information and complete the items below:

- 100-word abstract describing the session’s intent and focus
- Learning objectives
- Statement of relevance to social work skills, values, knowledge and/or ethics considerations
- Any special requests or considerations that may affect your ability to deliver this presentation, if accepted.

Instructional Methods: Lecture Group participation Panel presentation Q&A session Other: _____

Practice Categories: Administration/ Management Case Management Clinical/MH Practice Community Organization
 Direct Practice Diversity Ethics Evaluation/Research Wellness/Self-Care Social Policy/Legislation Social Work Education
 Other: (please specify) _____

C. Attach Resume, CV or Biographical background statement for EACH presenter

Deadline for Submission of Proposals: *On or before* October 15, 2017

Mail Completed Form, Cover Letter, Abstract and Resume to: 2018 Spring CE Conference Proposal
1608 Virginia Street East
Charleston, West Virginia 25311

Note: Please contact our office if you do not receive a message confirming receipt of your proposal within 14 days. Thanks!

For additional info: Phone: (304) 345-6279 Fax: 720-3766 Email: Mail@NASWWV.org Web: www.NASWWV.org