

APPLICATION FOR PRESENTATIONS

ADDICTION STUDIES

institute

August 19-21, 2009

Greater Columbus
Convention Center
Columbus, Ohio

sponsored by:



Presentation Title (Please be creative but descriptive): _____

Presenter Information

Presenter's Name: _____ Credentials: _____

Job Title: _____

Employer/Agency/University: _____

Mailing Address: _____

Email Address: _____

Preferred Telephone: _____ Fax: _____

Secondary Presenter Information

Presenter's Name: _____ Credentials: _____

Job Title: _____

Employer/Agency/University: _____

Mailing Address: _____

Email Address: _____

Preferred Telephone: _____ Fax: _____

Publications:

Do you have published books you would like available at the bookstore? If so:

Title: _____

Author: Publisher: _____

Title: _____

Author: Publisher: _____

Presentation Information

Length of presentation:

2.0 hours 3.0 hours 6.5 hours

Appropriate for participants with:

less than 3 years work experience more than 3 years work experience

Have you presented this session at another conference or workshop?

Yes No If yes, where and when? _____

APPLICATION FOR PRESENTATIONS

ADDICTION STUDIES

institute

August 19-21, 2009

Greater Columbus
Convention Center
Columbus, Ohio

sponsored by:



I consider this presentation to be advanced and applicable to supervisors and/or practitioners with 5 or more years experience in the addiction medicine field.

Yes No

Track (Please check all that apply):

Administration Criminal Justice Recovery
 Treatment Prevention Other (specify) _____

Number of participants your session can accommodate (Note: Average size of concurrent sessions is 75-100 participants):

Less than 50 50 to 75 75 to 100
 100 to 150 More Than 150

Presentation Abstract (50 words or less): This will appear in the brochure and should sell your session. It should be written so that participants will know exactly what is being presented. Proper names should not be included.

If your presentation includes copyright information, you will obtain permission from the copyright holder?

Yes No

Education Materials

Will handouts and slides contain any advertising, trade name or product group message?

Will contain Will not contain

Equipment Needs

All meeting rooms used during the conference will be equipped with a screen, lectern and microphone. (Please check all that apply):

Equipment for PowerPoint Equipment
(Presenter must bring his/her own laptop computer for PowerPoint presentation)

VCR/DVD Flip Chart Overhead Projector

Sound System for CDs None Needed

Other (please specify):

Required Room Set-up (Please check only one):

Classroom style (tables and chairs) - standard

Empty floor space with chairs around perimeter

Other

(Please specify): _____

APPLICATION FOR PRESENTATIONS

**ADDICTION
STUDIES**
institute

August 19-21, 2009
Greater Columbus
Convention Center
Columbus, Ohio

sponsored by:



Special requests/comments

Signature of Presenter(s):

_____ Date: _____

_____ Date: _____

Additional Required Forms

In order to satisfy CEU requirements, all applications **MUST** include a completed Biographical Data Form and Content Outline for each presenter and session. Please download the two forms listed below, complete the forms and save on your computer. Once you have completed the online portion of the application, hit submit and then email the two files to proposals@addictionstudiesinstitute.com. **IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED BOTH FILES MUST BE INCLUDED AS WELL AS YOUR COMPLETE CURRICULUM VITAE OR RESUME.**

Agreement

I have read, understand and will adhere to the Call for Presentation Guidelines and attest that the information contained above is authentic and submitted by me and not represented by a third party.

In the event the Institute Planning Committee would decide to put all speaker handout materials on a CD or post on the web for participants, I give permission for my handouts to be so distributed.

Yes No

Date (mm/dd/yy):

Initials: