

Paper/ Workshop Proposal Face Sheet
Due to State CEU requirements, all submissions MUST include
the following supporting information to be considered.

Title of Presentation: _____

Presentation Type (check one): **Poster** **90 min workshop** **Other:** _____

Presentation Focus (check all that apply): **Adult** **Juvenile** **Prevention**

Treatment/ Management **Research** **Other:** _____

Skill Level: **Intro** **Intermediate** **Advanced**

AV Needs: **LCD** **Flip chart** **TV/ DVD** **Speakers** **Other:** _____

Name of Primary Presenter: _____

(Please include all appropriate degrees, including University, and certifications)

Title and License number:

Agency: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-Mail: _____

Additional Presenter(s) : _____

(Please include all appropriate degrees, including University, and certifications)

Title and License number:

Agency: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-Mail: _____

Please attach this face sheet to your summary material.

One PDF with all information included is preferred for digital submissions.