

2024 Virtual Annual Conference Presentation Application

April 18-20, 2024

NASW-GA Chapter is interested in receiving compelling proposals on relevant and/or emerging issues. Our Call for Presentations does not mean automatic acceptance. The proposal will be reviewed and the presenter will receive notification of whether or not it has been accepted.

IMPORTANT NOTES-PLEASE READ
Please use brevity in the submission of your proposal.
Presentations should be targeted toward social work practitioners and students, as well as other allied health and mental health practitioners.
*Below please check the area of practice relevant to your presentation

Check Your Presentation Topic Area

- | | | |
|---|--|---|
| <input type="checkbox"/> Addictions Prevention/Treatment
<input type="checkbox"/> Administration/Management
<input type="checkbox"/> Adolescent Violence
<input type="checkbox"/> Aging
<input type="checkbox"/> Case Management
<input type="checkbox"/> Child Welfare
<input type="checkbox"/> Clinical Mental Health Practice
<input type="checkbox"/> Community Organization
<input type="checkbox"/> Conflict Resolution/Mediation
<input type="checkbox"/> Co-occurring Disorders
<input type="checkbox"/> Corrections/Forensic/Juvenile Justice
<input type="checkbox"/> Cultural Diversity
<input type="checkbox"/> Depression/Anxiety
<input type="checkbox"/> Development Disabilities | <input type="checkbox"/> EAP/Occupational Social Work
<input type="checkbox"/> End of Life Care
<input type="checkbox"/> Gay/Lesbian Issues
<input type="checkbox"/> Grief and Loss Issues
<input type="checkbox"/> Group Work Issues
<input type="checkbox"/> Health/Hospital/Long-term Care
<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Housing/Homelessness
<input type="checkbox"/> Legal/Ethical Issues
<input type="checkbox"/> Marriage and Family Therapy
<input type="checkbox"/> Mediation
<input type="checkbox"/> Medical
<input type="checkbox"/> Men's Issues
<input type="checkbox"/> Policy/Research | <input type="checkbox"/> Political Development
<input type="checkbox"/> Residential Treatment
<input type="checkbox"/> Rural Social Work
<input type="checkbox"/> School Social Work
<input type="checkbox"/> Self-Care & Wellness
<input type="checkbox"/> Social Work Advocacy
<input type="checkbox"/> Social Work Education
<input type="checkbox"/> Social and Economic Justice
<input type="checkbox"/> Spirituality
<input type="checkbox"/> Technology in Practice
<input type="checkbox"/> Veterans Issues
<input type="checkbox"/> Violence in the Workplace
<input type="checkbox"/> Women's Issues
<input type="checkbox"/> Other: _____ |
|---|--|---|

Presentation Application Submission Deadlines

Applications for Virtual Annual Conference

Application Deadline January 31, 2024

Please Email Applications to gapresenterapp@socialworkers.org

In subject box write, "Annual Conference Presenter Application"

Do Not Fax Applications

NASWGA Virtual Presentation Application Form

If the presentation has more than one presenter; identify the lead. All correspondence for your presentation (if selected) will be sent to the lead presenter. It is the lead presenter's responsibility to disseminate all necessary material or information to the other presenters in the group.

Presentation Title: We suggest 10 words or less

Title

Level of Practice the session is geared towards	<input type="checkbox"/> General	<input type="checkbox"/> Advanced
	<input type="checkbox"/> Intermediate	<input type="checkbox"/> All practice levels

Audience	<input type="checkbox"/> Administrative	<input type="checkbox"/> Clinical	<input type="checkbox"/> Student	<input type="checkbox"/> General Interest
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***Qualified Presenter (s)/ Fill Out Completely & Attach a Resume for Each Presenter**

Name:	Lead (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Agency/Organization:

Job Title:	Academic Degree(s)	Credentials (if applicable)
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Mailing Address

Work Phone:	Home Phone:	Cell Phone:
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Email:

Qualified Co-Presenter's Name (if applicable)

Agency/Organization

Job Title	Academic Degree(s)	Credentials (if applicable)
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Mailing Address

Work Phone	Home Phone	Cell Phone
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Email

**Length of Presentation
Please check one box**

- 1.5 Hour (With one 15-minute break)
- 3.0 Hours (Will be divided into **two** 1.5 hr. sessions with a 30-minute break between sessions)
- 6.0 Hours (Will be administered over the course of 2 days and divided into **two** 1.5 hr. sessions with a 30-minute break between sessions)

*Other session times are considered. Please note session time:

Please Describe Method of Presentation (maximum 3,000 characters)
Please use and attach a separate sheet to present your Method of Presentation
Method should include the following: Issue focus, Program description, Target population (students, practitioners, policy makers etc.), Social work practice intervention, research or policy change, results, conclusion and implications for practice, policy, professional development, education or research.
Provide Presentation Objectives
You may use and attach a separate sheet to outline your objectives
1. 2. 3. 4. 5.

Resume & Curriculum Vitae (Brief Bios are <u>not</u> accepted)				
Submit Resume(s) and/or Curriculum Vitae(s) for All Presenters				
Directions				
<ul style="list-style-type: none"> • A completed and typed application form. <i>Hand written, or incomplete forms will not be considered.</i> • Resume, curriculum vitae for <u>all</u> presenters. • Review the Virtual Presentation Application FAQ • Recommended but not required: Include information on previous presentations, if applicable, and names/addresses of references who are familiar with your previous presentations. <p>Mailing and electronic submissions will be accepted. Please send your proposal, resume, and any supporting documentation (mail to & e-mail addresses listed on page 1).</p>				
<p>A/V Equipment Required by Presenter - Please let us know if you will need any of the following:</p> <p><input type="checkbox"/> LCD Projector</p> <p><input type="checkbox"/> Laptop</p> <p><input type="checkbox"/> Microphone:</p> <p><input type="checkbox"/> Overhead Projector</p> <p><input type="checkbox"/> Other: Please specify _____</p>				
<p>*Do You Require a Tech Rehearsal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The presenter will present in front of your own computer using a webcam for discussion. NASW will set up a webinar with the presenter to teach them how to use and become comfortable with this platform.</p>				
Honorarium & Agreement				
I/we understand that I/we will receive a continuing education presenter certificate for my virtual presentation. Fee for presentations, if applicable, are negotiated with the NASW-GA Executive Director. Please send your fee requests to Cheryl Bonneau at exec.naswga@socialworkers.org . The presenter is responsible for any costs relating to the course preparation.				
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Presenter’s Signature: (<i>must be signed by lead presenter</i>)</td> <td style="width: 30%;">Date</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	Presenter’s Signature: (<i>must be signed by lead presenter</i>)	Date		
Presenter’s Signature: (<i>must be signed by lead presenter</i>)	Date			

<i>For Official Use Only</i>	
Reviewed by _____	Date Received
Recommended by _____	
Requested by _____ Considerations: _____	
Category _____	
Other _____	
Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Request Additional Information	
Reason(s) for not accepting at this time:	
Date:	

Email application questions to Cheryl Bonneau exec.naswga@socialworkers.org. Thank you for submitting your application!

Please Note NASW Post Covid Protocols for Large Venues

Our goal is to hold a safe event, recognizing it is not possible to remove all risks, in particular concerning COVID-19. We intend to make every effort to provide a safe environment. In order to do so, we are requiring all registrants to provide an attestation regarding their vaccination status (there is no requirement to provide proof of vaccination).

In addition, registrants will be required to consent to a waiver of liability related to COVID.

NASW-GA will monitor applicable state and local requirements and public health recommendations and update the policies below as appropriate to best protect the health and safety of attendees. Please check this website periodically for updates.

COVID-19 Attestation Requirement

All registrants must attest that they are either (1) up to date on their COVID vaccinations ([as defined by the CDC](#)), or (2) if they are not up to date, that they will take an antigen (rapid) test within 48 hours of the event and refrain from attending if testing positive. Under current CDC guidelines, being up to date means one has completed the primary vaccination series and has received the most recent booster dose recommended by the CDC. All registrants are strongly encouraged to be up to date on their vaccinations. Attestation will be required. **Links for attestation and Wavier provided on a later date once application is accepted by NASW-GA Conference Planning Team.**

Other Precautions

Presenters and registrants are not required to wear a mask while attending the event. Of course, they may do so if desired.

Conference attendees will be expected to take reasonable precautions to reduce the risk of COVID transmission and to behave responsibly. We ask all registrants and presenters to be vigilant in monitoring their health. If you have COVID or suspect you may be infected but do not yet have test results, please do not attend the event. For information on preventing the spread of the virus to others, see the [CDC guidance on isolation and precautions for people with COVID](#). Also, if you have been exposed to someone who has COVID, please follow the [CDC guidance on precautions to take after exposure](#).