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 **CALLFOR FACULTY | PRACTITIONER PRESENTATIONS APPLICATION**

 **\*Email Completed Applications to** **naswgaannualconference@gmail.com**

**Application Deadline Date: August 5, 2021**

1. **Presentation Title:**

1. **Presentation Focus Area:**

**(*Refer to suggested areas above*)**

1. **Abstract (500 Words or Less & Includes the topic, highlighted content and learning objective)
(*Please attach on a separate sheet*)**

1. **Presenter Data (*Maximum two (2) presenters per submission*):**

|  |  |
| --- | --- |
| **Name (Presenter):**  |   |
| **School / Organization:**  |   |
| **Mailing Address:**  |   |
| **Email Address:**  |   |
| **Phone Number:**  |   |
| **Title / Credentials:**  |   |
| ***Brief* Professional Highlights:** **(Resume or Curriculum Vitae may attach separate document)**  |   |
|  |  |

|  |  |
| --- | --- |
| **Name (Co-Presenter):**  |   |
| **School / Organization:**  |   |
| **Mailing Address:**  |   |
| **Email Address:**  |   |
| **Phone Number:**  |   |
| **Title / Credentials:**  |   |
| ***Brief* Professional Highlights:** **(*Boards, Publications, etc*.)**  |   |
|   |   |

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| **Level of Practice** the session is geared towards  | ☐ Clinical Advanced ☐ Clinical Basics to Intermediate  | ☐ General ☐ All practice levels  |
| **Track**   | ☐ Clinical  | ☐ Administrative  | ☐ General Interest  |
| **Reference Page**  |
| Although not mandated, you are welcome to submit ***a one- page (separate page) reference page along with your abstract page.*** The reference page is where you may list individuals who can verify your skills and elaborate on your professional experience, especially as a workshop presenter. If you chose to submit the reference page, please limit the number of references to two per presenter. Each reference text should be no more than two paragraphs and include the name, phone number, and e-mail address for the referee. You may also elect to use this page to list any workshops which you facilitated **(*include the title of the workshop, a brief synopsis of the workshop, and the workshop facilitation date).***   |
| **Proposal Check-List** **Remember the proposal submission deadline date is Friday, August 5, 2021 in order to be considered.** ***~No Exceptions~***  |
| *I/We have submitted the following:** A One page 500 word or less abstract that includes topic, highlighted content and learning objectives.
* A completed Cover Page **(*Hand written, or incomplete forms will not be considered).***
* Resume, curriculum vitae for *ALL* presenters.
* Reference Page is attached on a separate page **(*Include information on previous presentations, if applicable, and names, phone numbers and e-mail addresses for each referee*).**
* Read, sign and submit **Section B** along with proposal. (***See page 4 for Agreement)***.
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**\*Notification of selections will be electronically distributed as approved but no later than Friday,
 August 12, 2021.**

 **Chapter Contact Information

NASW-GA 2300 Henderson Mill Rd., NE Suite 308, Atlanta, GA 30345
Conference Email:** **naswgaannualconference@gmail.com** **| Phone: 678-538-9873
Cheryl Bonneau, Executive Director |** **exec.naswga@socialworkers.org** **Avery Willis, Event and Communication Specialist |** **awillis.naswga@socialworkers.org**

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 ***Thank you for submitting your proposal for the 2021 NASWGA Annual Conference as this is a valuable professional development experience in Georgia whereby you will have an opportunity to network and share your knowledge, innovative solutions and strategies with social workers and allied professionals!***

**SECTION B**

**AGREEMENT *(please read and sign)*:**

* + By submitting this Proposal, Presenter(s) agree to accept the terms outlined in this Call for Faculty / Practitioner Presentations.
	+ Presenter(s) acknowledge that they may register for the NASW – Georgia Conference at the guaranteed discounted presenter rate – **0 Fee / Free**.
	+ If selected for presentation at the NASW-Georgia 2021 Annual State Virtual Conference, I / We understand and agree that I / We will present as scheduled during the Conference.
	+ In the event Presenter(s) are unable to fulfill the terms of this agreement, I / We will promptly notify the NASW – Georgia Chapter of the circumstances in writing by **August 12, 2021** so that alternative arrangements may be made.
	+ I/we understand that NASW – Georgia Chapter is not in the position to pay an honorarium to presenters or to pay for travel, lodging or other expenses associated with the conference, but presenters are offered a discount conference registration rate. Additionally, presenters will receive continuing education certificates. If this proposal is accepted, I/we agree to be in attendance for the presentation on the date and time assigned and to provide a sufficient number of copies of any handouts I/we need for our presentation. Video-taping or audio recording of the presentation at the conference must be authorized by NASW- Georgia Chapter **30 days prior** to the event.

1. **SIGNATURES**

|  |  |
| --- | --- |
| **Presenter Signature:**  |   |
| **(Printed Name)**  |   |
| **Date Signed**  |   |
|   |
| **Co-Presenter Signature**  |   |
| **(Printed Name)**  |   |
| **Date Signed**  |   |