Alternatives Conference 2019

Call for Proposals

***Standing Together, Celebrating Our Gifts, Raising Our Voices***

The conference, at The Catholic University of America in Washington, D.C.,

will be held July 7 - 11, 2019.

The workshops will be held July 10 and 11.

Proposals are due by March 15, 2019, at 11:59 p.m. ET.

www.alternatives-conference.org

Proposal Application:

Please check the boxes below if you agree with the following statements:

☐ Yes, I understand that all presenters must pay the full conference registration fee and are also responsible for travel and lodging.

☐ Yes, I understand that, if my proposal is selected, it is my responsibility to notify the Alternatives Conference Planning Committee if I am unable to present the workshop.

Important Note: All workshops will be 75 minutes long. All workshop rooms include a computer, projector, screen, and on-call technical support.

Title of Presentation: (20 word maximum)

Category of Presentation (See website):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presenter Information:

Lead Presenter Name (the lead presenter must be a person with lived experience of mental health or substance use issues): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Affiliation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you presented before on this topic? Where?

Have you presented at an Alternatives conference before? Years:

Information on Co-Presenters: (You may have as many co-presenters as you would like.)

Co-Presenter Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Affiliation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Presenter Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Affiliation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Presenter Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Affiliation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do any of the presenters identify with any of the following?

(Please mark all that apply)

 ☐Mental Health Peer ☐Lived Experience of Substance Use/Addiction

 ☐Youth/Young Adult ☐Latinx  ☐Asian/Pacific Islander ☐LGBTQ+

 ☐African-American ☐Veteran ☐Native American/Alaska Native

 ☐Person with a disability (PWD) ☐Person who has experienced homelessness

 ☐Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include the following with your proposal:

1. Completed application
2. 75-word description pf workshop
3. One-page outline of presentation, including objectives and goals
4. 75-word biography for each presenter, which includes lived experience as it relates to the topic being presented

Complete online: <https://www.alternatives-conference.org/submit-workshop-proposal/>

* Or email the completed application to info@ncmhr.org
* Or fax to 978-681-6426.

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