

THE NATIONAL ASSOCIATION OF THERAPEUTIC SCHOOLS AND PROGRAMS

Prescott, AZ

A Call for Papers For NATSAP's Regional Conferences

Contact:

Jan Moss
Executive Director
928-443-9505
info@natsap.org

June 2006

Please check the Regional Conference for which you are submitting the Call for Papers and submit copies of this document, the abstract, and your curriculum vitae as indicated.

August 10-11, 2006

Northwest Regional Conference
Bend, Oregon

Submit Call for Papers to:

Erick Scheiderman
Bridges Academy
67030 Gist Road
Bend, OR 97701

September 15, 2006

Southern Utah Regional Conference
St. George, Utah

Submit Call for Papers to:

Ben Harris
Sun Hawk Academy
948 North 1300 West
St. George, UT

September 28/29, 2006

Northeast Regional Conference
Kennebunkport, ME

Submit Call for Papers to:

Will White
Summit Achievement
69 Deer Hill Road
Stow, ME 04037

If you are interested in presenting at a NATSAP Regional Conference:

Please complete and submit the following two pages in full.

Please include an abstract of 300-500 words prepared specifically for this request of papers. Indicate whether the presentation will be clinical, theoretical, or research based.

Enclose a copy of your curriculum vitae or resume including prior presentations to regional and national conferences, along with a short (4-6 line) biographical statement. This will be used for our application to continuing education provider organizations. Please attach this sheet to the front of your abstract and personal information. This is to include what qualifies you to make the presentation.

Presentations will be limited to one or two speakers / authors, unless it is a panel format. Presentations will be fifty minutes in length.

Designate a primary author in your proposal. Only that person will receive communication from NATSAP and will then be responsible for informing any co-presenters.

Please note all audiovisual needs.

All of the above must be submitted.

Presenters agree to bear their own expenses and registration fees along with accommodations for the conference.

You will be notified of acceptance within 6 weeks prior to the regional conference date.

Questions may be directed to Jan Moss, Executive Director at info@natsap.org or (928) 443-9505.

**Presentation Proposal
NATSAP's Regional Conference**

Title of Presentation: _____

Name of Primary Presenter: _____
(Please include all appropriate degrees and certifications.)

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Fax: _____

Additional Presenter: _____
(Please include all appropriate degrees and certifications.)

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Fax: _____

Topic Addressed: _____

Base: _____ Clinical _____ Theoretical _____ Research

Three Teaching Goals:

Provide two true/false or multiple choice questions participants will be able to answer if they are attending your presentation

Presentation Proposal
NATSAP's Regional Conference

Brief Summary (100 words or less) of Presentation: _____

Please list audio/visual requirements – note that NATSAP does not guarantee all audio/visual needs can be met at a regional conference. The presenter is responsible for providing an LCD Projector, laptop and copies of handouts. You will be notified if we are unable to meet your audio/visual needs.

_____ Flip Chart

_____ Podium

_____ Dry Erase Board

_____ Podium Mic

_____ Overhead Projector

_____ Screen

Classroom Setup:

All rooms will be set-up theater style