21st Annual Case Management Conference Application

Please answer every question and attach all requested items.

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| Presentation Title (F | Please consider relating your t | itle and pre | sentation to | the conference theme): | | |
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| Please attach the follo | owine: | | | | | |
| | | | | A fifty (50) word abstract using exact wording to be printed in the program (subject to editing) Presenter(s) bio in narrative form (100 words) | | |
| Which track best des | cribes your proposal (op | otional)? | | | | |
| Proposed length of p | presentation (circle one): | | | | | |
| 1 hour | 1.5 hours | 2 hc | ours | | | |
| Experience-level of a | audience (circle one): | | | | | |
| Introductory | Intermediate | Adv | anced | All Lev | vels | |
| When, where, and fo | or whom has this present | ation beer | n previou | sly offered? | | |
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| reement—In submittie vel, lodging, meals, or 5% discount off of the e and time during the | ng this proposal, I/we u other expenses associate eir full NACM conference conference September 2 | nderstanded with thice registra | that NAOs conferention fee. | CM is not offering nce. Up to two proughts against the continental— | to pay for this esenters per vergree to preser New Orlean | is presentation, workshop will receive nt on the assigned |
| nature of Presenter(s): | : | | | | | |
| | o: NACM 1645 'N' Street Lincoln, NE 68508 Phone: 402-441-43 | 85 Fax | : 402-44 | | - • | urnacm.com |
| | Please attach the foll This comp Outline of Three edu Which track best des Proposed length of p 1 hour Experience-level of a Introductory When, where, and for Audio/visual and fact markers. Presenters are Access to internet cont Name, degree/licens Organization Address Office Phone Co-presenters and pa Name, degree/licens Organization Address Office Phone *NACM encourages not reement—In submitting the lacening the lacening the lacening the lacening the lacening of the lacening | Please attach the following: This completed application form Outline of presentation Three educational objectives Which track best describes your proposal (operation) Proposed length of presentation (circle one): 1 hour 1.5 hours Experience-level of audience (circle one): Introductory Intermediate When, where, and for whom has this present Audio/visual and facility requirements: Note, markers. 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Presenters are strongly encouraged to use PowerPoint ff Access to internet connection Audio to play a v Lead presenter/contact person: Name, degree/licensure Organization Address Office Phone Co-presenters and panelists (Attach contact information Name, degree/licensure Organization Address Office Phone *NACM encourages no more than 1 presenter per 1/2 hour recement—In submitting this proposal, I/we understand wel, lodging, meals, or other expenses associated with this 5% discount off of their full NACM conference registrae and time during the conference September 21-23, 201. I receive written notification of acceptance or denial one mature of Presenter(s): asse return proposals to: NACM 1645 'N' Street Lincoln, NE 68508 Phone: 402-441-4385 Fax | Please attach the following: This completed application form Outline of presentation Three educational objectives Which track best describes your proposal (optional)? Proposed length of presentation (circle one): 1 hour 1.5 hours 2 hours Experience-level of audience (circle one): Introductory Intermediate Advanced When, where, and for whom has this presentation been previous markers. Presenters are strongly encouraged to use PowerPoint presentation Access to internet connection Audio to play a video Lead presenter/contact person: Name, degree/licensure Organization Address Office Phone Cell Phone Co-presenters and panelists (Attach contact information for each Name, degree/licensure Organization Address Office Phone Cell Phone *NACM encourages no more than 1 presenter per 1/2 hour of instruct recement—In submitting this proposal, I/we understand that NAC wel, lodging, meals, or other expenses associated with this conference set and time during the conference September 21-23, 2015, at the I receive written notification of acceptance or denial once submissionature of Presenter(s): ase return proposals to: NACM 1645 'N' Street Lincoln, NE 68508 Phone: 402-441-4385 Fax: 402-444 | Please attach the following: This completed application form Outline of presentation A fifty (50) word be printed in the Presenter(s) bio is which track best describes your proposal (optional)? 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Access to internet connection Audio to play a video Other Lead presenter/contact person: Name, degree/licensure Organization Address Gity State Office Phone Cell Phone E-mail Co-presenters and panelists (Attach contact information for each additional presenter*): Name, degree/licensure Organization Address City State Office Phone Cell Phone E-mail *NACM encourages no more than 1 presenter per 1/2 hour of instruction, unless utilizing a panel discuss remement—In submitting this proposal, I/we understand that NACM is not offering to pay for this vel, lodging, meals, or other expenses associated with this conference. Up to two presenters per 5% discount off of their full NACM conference registration fee. If selected, I/we agree to presere and time during the conference September 21-23, 2015, at the Inter-Continental—New Orlean receive written notification of acceptance or denial once submissions have been reviewed. nature of Presenter(s): ass ereturn proposals to: NACM 1645 'N' Street Lincoln, NE 68508 |