

National Rehabilitation Association 2014 Training Conference  
Hosted by the Iowa Rehabilitation Association  
“Meeting of Two Rivers: Where Opportunity and Rehabilitation Come Together.”  
October 30-November 2, 2014  
Marriott Hotel in Des Moines, IA

**CALL FOR PRESENTATION PROPOSAL FORM**  
**Please complete the entire form, print clearly and return by May 14, 2014**

**TITLE OF PRESENTATION:** (10 words or less)

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**ABSTRACT/SUMMARY OF PRESENTATION:** Please limit to 75 words or less, suitable for publication. Specifics will help conference attendees select presentations to attend.

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**PRESENTATION OBJECTIVES:** Credentialing Boards require program objectives to be stated in behavioral terms with a minimum of three (*Example: Objective 1: Identify the problem; Objective 2: Define potential new approach; and Objective 3: Develop strategies to implement*). Also, please address the following two questions: 1) How does your presentation improve core competencies for a counselor/social worker? 2) How does your program relate to a counselor/social worker performing their job?

Objective 1: \_\_\_\_\_

Objective 2: \_\_\_\_\_

Objective 3: \_\_\_\_\_

**PRESENTATION DAY PREFERENCE:** Please mark your 1<sup>st</sup> and 2<sup>nd</sup> choices.

\_\_\_\_\_ Fri. 10/31 Morning Session

\_\_\_\_\_ Sat. 11/1 Afternoon session

\_\_\_\_\_ Fri. 10/31 Afternoon Session

\_\_\_\_\_ Sun. 11/2 Morning Session only

\_\_\_\_\_ Sat. 11/1 Morning Session

**PRESENTATION LENGTH PREFERENCE:**

\_\_\_\_\_ One Hour Session

\_\_\_\_\_ One and a Half Hour Session

**Audio Visual Needs**

NRA will evaluate the needs of our presenters and make every attempt to secure necessary audio visual equipment. NRA will provide a screen package with an LCD projector and microphone. Presenters are responsible for bringing their own laptop or tablet device with the presentation. Please identify A/V Needs.

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**PAGE Two~ PLEASE COPY THIS PAGE AND COMPLETE FOR EACH PRESENTER**

EACH PRESENTER MUST COMPLETE THE FOLLOWING INFORMATION AS REQUIRED FOR APPROVAL. PLEASE PROVIDE YOUR EDUCATION (FIELDS OF STUDY MUST BE IDENTIFIED, E.G., REHABILITATION COUNSELING) AND BRIEFLY DESCRIBE YOUR EXPERIENCE AND/OR EXPERTISE IN THE AREA OF YOUR PRESENTATION.

THIS PERSON IS THE:       LEAD PRESENTER      or       CO-PRESENTER

NAME \_\_\_\_\_

EMAIL ADDRESS (REQUIRED) \_\_\_\_\_

HOME     WORK MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

WORK PHONE # \_\_\_\_\_  HOME     CELL # \_\_\_\_\_

PLEASE LIST DEGREES/CREDENTIALS AND INCLUDE FIELD OF STUDY/EMPHASIS FOR EACH, E.G., M.S. IN REHAB COUNSELING:

\_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ YEARS OF EXPERIENCE IN THE FIELD \_\_\_\_\_

PLEASE DESCRIBE YOUR EMPLOYMENT EXPERIENCE AS IT RELATES TO YOUR PRESENTATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE ANY ADDITIONAL EXPERIENCE/EXPERTISE AS IT RELATES TO YOUR PRESENTATION:

\_\_\_\_\_  
\_\_\_\_\_

**ACCOMMODATION REQUEST:** PLEASE DESCRIBE ANY ACCOMMODATIONS YOU REQUIRE, E.G., AN INTERPRETER

\_\_\_\_\_

**SUBMISSION INFORMATION**

AS A PRESENTER, YOU ARE ELIGIBLE FOR A 20% DISCOUNT ON YOUR CONFERENCE REGISTRATION.

PLEASE DIRECT ANY QUESTIONS VIA EMAIL (PREFERRED) TO THE CONFERENCE PRESENTATION CHAIR, BRIAN DENNIS- [BRIANSDENNIS@GMAIL.COM](mailto:BRIANSDENNIS@GMAIL.COM) WITH THE SUBJECT LINE: NRA CONFERENCE PROGRAM QUESTION OR VIA TELEPHONE AT 515-238-8249.

**PLEASE SUBMIT ALL PAGES OF YOUR PROPOSAL VIA USPS OR EMAIL (PREFERRED) BY May 14, 2014 TO:** BRIAN DENNIS; 719 LEACH AVENUE, DES MOINES, IA 50315 OR VIA EMAIL AT [BRIANSDENNIS@GMAIL.COM](mailto:BRIANSDENNIS@GMAIL.COM) (PLEASE INCLUDE "PRESENTATION PROPOSAL FORM" IN THE SUBJECT LINE OF ALL EMAILS).

MORE INFORMATION ON THE CONFERENCE WILL BE FOUND AT <http://www.nationalrehab.org/> and <http://www.iraiova.org/>.