



2017 Annual HOPE Conference  
**PRESENTATION PROPOSAL FORM**

**DEADLINE: January 6, 2017**

To submit a proposal for a workshop at the 2017 HOPE Conference on May 31<sup>st</sup> at the Augusta Civic Center, please fill out this form **COMPLETELY**. All of the information is necessary for consideration of your proposal and for preparation of the overall conference program. This form is designed to be filled out electronically. Save the form on your computer first, then fill it in. You may submit your completed form by email, fax, or mail. Please see instructions at the end of the form.

<b>Name:</b>	<b>Email:</b>	
<b>Address:</b>	<b>Phone:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Co-Presenter(s):</b>		
<b>Brief Bio Sketch:</b> <i>(Short self-description that may include things like work or volunteerism, activities, family, things you like, education, certifications, etc., to give people an idea who you are and why you're presenting the workshop.)</i>		
<b>Why would you like to do a presentation at the HOPE Conference?</b>		
<b>Name of Presentation:</b>		
<b>Brief Description of Presentation for the Brochure:</b> <i>(Write a clear description, so people can decide if they want to attend your workshop. What is it about? What will they learn? Why should they come? What should they expect?)</i>		
<b>Which wellness track(s) best fits your presentation?</b> <input type="checkbox"/> Emotional <input type="checkbox"/> Financial <input type="checkbox"/> Social <input type="checkbox"/> Spiritual <input type="checkbox"/> Occupational <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Environmental		
<b>List 2-3 Learning Objectives:</b> <i>(Specific things your workshop will focus on for people to learn about.)</i> 1) 2) 3)		
<b>Will your presentation include handouts?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Handout copying:</b> <input type="checkbox"/> I will bring enough copies for the class. <input type="checkbox"/> I will need copies made for the class.		
<b>Are you planning to include a visual presentation, such as a PowerPoint or video?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Would you like to limit the number of seats available in your workshop?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, the limit is: _____		
<b>Room Setup:</b> <i>Unless requested otherwise, the workshop rooms will be set up in classroom style with tables and chairs facing front. If you would like another setup for your workshop, please describe here:</i>		

**Please describe your workshop in the space below.** *(It is helpful to plan out a step by step outline of what will be presented with a brief description of each item.)*

**Please return this completed form** no later than **JANUARY 6<sup>th</sup>** to Simonne Maline, preferably by **email:** [smaline@maineccsm.org](mailto:smaline@maineccsm.org). You may print out the completed form or print out the blank form and fill it in by hand using additional paper as necessary. Completed paper forms may be faxed to 207-430-8301 or mailed to: CCSM, 219 Capitol Street, Suite #7, Augusta, ME 04330.