

National Rehabilitation Association 2013 Training Conference
Hosted by Metropolitan New York Chapter
“Bridge to Employment and Breaking the Barriers for Persons with Disabilities”
August 18-20, 2013
Brooklyn Bridge Marriott in Brooklyn, New York

CALL FOR PRESENTATION PROPOSAL FORM
Please complete the entire form, print clearly and return by March 25, 2013

TITLE OF PRESENTATION: (10 words or less)

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

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 1st and 2nd choices.

_____ Sun. 8/18 Morning Session

_____ Mon. 8/19 Afternoon session

_____ Sun. 8/18 Afternoon Session

_____ Tues. 8/20 Morning Session only

_____ Mon. 8/19 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 AV 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.ED. 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:

ALSO, FOR PURPOSES OF INTRODUCTION DURING THE CONFERENCE, **Include a one-page resume or vita for each presenter.**

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 CO-CHAIR FOR PROGRAM, ANTHONY SPINELLI- ANTHONY.SPINELLI@ED.GOV WITH THE SUBJECT LINE: NRA CONFERENCE PROGRAM QUESTION OR CONTACT HIM AT 646-428-3789.

PLEASE SUBMIT ALL PAGES OF YOUR PROPOSAL VIA EMAIL (PREFERRED) BY March 25, 2013
TO: ANTHONY SPINELLI – ANTHONY.SPINELLI@ED.GOV , ANTHONY LAGATTUTA - ALAGATTUTA@AOL.COM AND
SANDRA MULLINER- SMULLINER@NATIONALREHAB.ORG

FOR ADDITIONAL INFORMATION, PLEASE VISIT THE OFFICIAL 2013 NRA NATIONAL CONFERENCE INFORMATION SITE:
<HTTPS://WWW.NYCEDA.ORG/NRA-2013-ANNUAL-TRAINING-CONFERENCE>

NATIONAL REHABILITATION ASSOCIATION WEBSITE: <HTTP://WWW.NATIONALREHAB.ORG> OR

THE NEW YORK METROPOLITAN CHAPTER OF NRA, INC. WEBSITE: <HTTP://WWW.NYMETRONRA.ORG>