

22nd Annual Case Management Conference

Call for Papers Application

Please answer every question and attach all requested items.

An online electronic version of this Call for Papers form is also available at www.yournacm.com.

1. Presentation Title: _____
2. Please attach the following:

_____ This completed application form	_____ A fifty (50) word abstract using exact wording to be printed in the program (subject to editing)
_____ Outline of presentation	_____ Presenter(s) bio in narrative form (100 words)
_____ Three educational objectives	
3. Which track best describes your proposal (optional)? _____
4. Proposed length of presentation (circle one):
 1 hour 1.5 hours 2 hours
5. Experience-level of audience (circle one):
 Introductory Intermediate Advanced All Levels
6. When, where, and for whom has this presentation been previously offered? _____
7. Audio/visual and facility requirements: *Note: All rooms are equipped with a laptop, screen, LCD projector, flipchart, and markers. Presenters are strongly encouraged to use PowerPoint presentations (indicate additional needs).*
 Access to internet connection Audio to play a video Other _____
8. Lead presenter/contact person:
 Name, degree/licensure _____
 Organization _____
 Address _____ City _____ State _____ ZIP _____
 Office Phone _____ Cell Phone _____ E-mail _____
9. Co-presenters and panelists (Attach contact information for each additional presenter*):
 Name, degree/licensure _____
 Organization _____
 Address _____ City _____ State _____ ZIP _____
 Office Phone _____ Cell Phone _____ E-mail _____

*NACM encourages no more than 1 presenter per 1/2 hour of instruction, unless utilizing a panel discussion of persons served.

Agreement—In submitting this proposal, I/we understand that NACM is not offering to pay for this presentation, travel, lodging, meals, or other expenses associated with this conference. Up to two presenters per workshop will receive a 25% discount off of their full NACM conference registration fee. If selected, I/we agree to present on the assigned date and time during the conference September 19-21, 2016, at the Omni Los Angeles Hotel at California Plaza—Los Angeles, CA. All applicants will receive written notification of acceptance or denial once submissions have been reviewed.

Signature of Presenter(s): _____

Please return proposals to : **NACM**

1645 'N' Street

Lincoln, NE 68508

Phone: 402-441-4385

Fax: 402-441-4335

E-mail: nacm@yournacm.com

Proposal Deadline – April 15, 2016