CALL FOR PROPOSALS

Indiana Annual Recovery Month Symposium (IN ARMS) "Join the Voices for Recovery: Together We Are Stronger"
September 23rd and 24th, 2019
Embassy Suites by Hilton Plainfield Indianapolis Airport

The IN ARMS Conference Planning Committee cordially invites you to submit a proposal to present at the 2019 Indiana Annual Recovery Month Symposium.

This year’s symposium, Join the Voices for Recovery: Together We Are Stronger, will be held in Embassy Suites Indianapolis Airport, Plainfield from September 23-24, 2019.

IN ARMS is calling for workshop proposals that offer current and relevant educational experiences for professionals in the addiction and co-occurring recovery field. Workshops will be 75-90 minutes in length. Suggested topics could fall under one of the following categories:

- Recovery
- Treatment
- Substances of Misuse
- Criminal Justice
- Prevention

Presenters will receive:
- One (1) registration per presentation
- One (1) meal per presentation
- Recognition by peers and other professionals in the field
- Inclusion in the symposium program
- Networking opportunities

Please note: submission does not guarantee inclusion in the conference, travel expenses will be the responsibility of the presenter

Selection will be based on:
- Content: Current and relevant material, complete clear description, complete proposal
- Format: Structured session with clearly defined learning objectives
- Presenter: Presenter has sufficient experience and knowledge of the subject matter

Audio/Visual: Laptops, projectors and screens will be provided for sessions. Supplies such as flip charts, markers, etc. will not be provided; if additional equipment is needed it will be the presenter’s responsibility to supply.

DEADLINE TO SUBMIT — Friday, June 7, 2019
Please send submissions and/or questions to Justin Phillips, justin@overdoselifeline.org You will be notified of the status of your submission by June 28, 2019.
PART ONE PRESENTATION INFORMATION

Presentation Title:

Presentation Description: Please provide a complete description including style (such as lecture, panel and/or experiential), required level of understanding, prerequisites, activities planned for presentation and audience participation (this description may be used in symposium program)

Topic: Please list the topic(s) that will be addressed

Presentation Learning Objectives: (please provide three measurable goals/learning objectives)
1. 
2. 
3. 

Presentation Availability Dates: While presentation times are not guaranteed we will do our best to accommodate schedules; please notify us of times you are not available

PART TWO PRESENTER INFORMATION

Primary Presenter Full Name:

Phone: 
Email: 
Job Title: 
Organization: 

Number of years in Addiction/Co-Occurring Profession:

Please list any Credentials you would like listed in program:

Biographical: Please include a summary with relevant/related experience and your CV/Resume

Last two (2) presentations/workshops or speaking engagements: Please include date, location, topic, target audience, audience size. Feel free to include evaluation forms/comments (please note; not having previous engagements will not disqualify your submission)
1. 
2. 

Co-Presenter Full Name: (If selected, Co-Presenter information must be received by July 31, 2019 to be included in program; registration and meal is not included for co-presenters)

Phone: 
Email: 
Job Title: 
Organization: 

Please list any Credentials you would like listed in program: