

Title of Presentation: \_\_\_\_\_
Presenter(s) Name: \_\_\_\_\_
Title: \_\_\_\_\_
Address: \_\_\_\_\_
Telephone #: \_\_\_\_\_
EMAIL ADDRESS: \_\_\_\_\_

Recommended Track (Check the one most closely related to your session - see Call for Abstracts)

- Profound/Multiply Challenged
Older Adults
Administrative Issues
Day Services
Employment
Autism Spectrum
Regulations/Compliance
Challenging Behaviors
Consumer Empowerment
Other
Staff Development
Grant Presentations
Clinical Services
Innovative Services

Will an interpreter be needed for the presentation? Yes No

Note: One presenters will receive complimentary registration, if there is an additional presenter it will be a fee of \$80.00

\*\*\*\*PLEASE ATTACH A Description of Presentation: (75 words or less) \*\*\*\*

Please also attach an Outline of the Session with a Description of What Participants Will Learn at Your Session

Type of Presentation: (Check the description which most accurately describes your session)

- Workshop - experiential activities and/or other forms of skill building audience involvement
Panel Discussion - includes time for audience questions - summary remarks are presented
Hands-on Demonstration
Lecture

Presentation will be in 1 1/2 hr. blocks

Intended Audience: (Check all that apply)

- Direct Service Professionals
Quality Assurance Staff
Other
Clinicians
Administrators
Mid-Management Staff
Staff Trainers
Ancillary

The NYSADSP will provide a projection screen in every room along with a stand for projectors. If you need other equipment contact Bruce Drake at: [bruced@coarc.org](mailto:bruced@coarc.org).

Are you interested in exhibiting at our Trade Show?  Yes  No

Name & EMAIL for the person that would like to exhibit in the Trade Show:  

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**If you are not going to be at the conference all three days, please indicate which day you are not going to be present so that we can schedule your presentation appropriately.**

Please Circle which day you are **NOT** going to attend:

**Wednesday**

**Thursday**

**Friday**

THE FOLLOWING AGENCY APPROVAL LETTER MUST BE SIGNED IF THIS  
PRESENTATION IS TO BE ACCEPTED

Presenter's Name(s)

Presentation Title

Agency

Address

Telephone #

I, \_\_\_\_\_, the Day Services Director, am aware of this  
presentation and will provide any support to \_\_\_\_\_ that  
is necessary for this presentation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE RETURN THIS SIGNED FORM WITH YOUR PRESENTATION PROPOSAL BY

**September 15, 2018**