

**Connecticut Counseling Association**  
**Annual Conference**

*Counseling Connections 2009: The Evolving World of Counseling*

Friday, May 1, 2009  
Rocky Hill Marriott, Rocky Hill, CT

*The "Lead Presenter" receives free registration*  
*Up to 2 other presenters receive a 50% discount on their registration.*  
(Visit [www.ccain.org](http://www.ccain.org) for more information about the conference.)

**Presentation Proposal Requirements**

1. Lead Presenter Contact Information:

Name \_\_\_\_\_ Title \_\_\_\_\_  
Institution/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ (home) Phone \_\_\_\_\_ (work)  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
CCA Member? Yes \_\_\_ No \_\_\_ CCA Division \_\_\_\_\_

2. Co-Presenter(s) Information

a) Name \_\_\_\_\_ Title \_\_\_\_\_  
Institution/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
CCA Member? Yes \_\_\_ No \_\_\_ CCA Division \_\_\_\_\_

b) Name \_\_\_\_\_ Title \_\_\_\_\_  
Institution/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
CCA Member? Yes \_\_\_ No \_\_\_ CCA Division \_\_\_\_\_

3. Program Title: \_\_\_\_\_

4. Program Description *(please use a separate sheet of paper and limit to one page)*

- a. Title of presentation (10 words or less - must accurately reflect session content)
- b. Name(s) of presenter(s)
- c. Goals and objectives of the presentation (**required for awarding CEU's**)
- d. Abstract (50 word summary to appear in conference program and on CCA website)
- e. Workshop description: information, program, service, resource, technique, theory, or research to be presented. (100 words or less)

5. Audience Focus (check all that apply):

- |  |   |
|--|---|
| a. <input type="checkbox"/> General                          | g. <input type="checkbox"/> Marriage and family |
| b. <input type="checkbox"/> Elementary school                | h. <input type="checkbox"/> Private practice    |
| c. <input type="checkbox"/> Middle school                    | i. <input type="checkbox"/> Child/adolescent    |
| d. <input type="checkbox"/> High school                      | j. <input type="checkbox"/> Adult               |
| e. <input type="checkbox"/> College/university               | k. <input type="checkbox"/> Other _____         |
| f. <input type="checkbox"/> Business, industry or government |   |

6. Type of Program (check one):

Workshops length could be flexible to CCA's needs  
 60 minute presentation     75 minute presentation     2 hour presentation

7. Would you be willing to present your workshop twice?     Yes     No

8. A/V Equipment (check all required)

Flip chart with pad and markers     Overhead projector     Screen with Cart  
*(Note: All other audio-visual equipment will be the responsibility of the presenters.)*

**Submission Information**

1. Complete this form (if needed attach an additional page)
2. Include a résumé for each presenter (**required for awarding CEU's**)
3. Mail this form, your program description and résumé postmarked by **January 16, 2009** to: **Rachel Collins -- 30 Avon St. Apt. 10 -- New Haven, CT 06511** or e-mail as a **Word document** to **collinsrachelw@aol.com** (a confirmation e-mail will be sent upon receipt, if you do not receive one, please resubmit)

**For More Information Contact:**

Rachel Collins, Conference Chair: collinsrachelw@aol.com

**Releases and Agreements**

I agree that, if my proposal is accepted, I will attend the CCA Conference and will present the workshop on Friday, May 1, 2009.

Signed \_\_\_\_\_ Date \_\_\_\_\_