

THANK YOU FOR YOUR INTEREST IN BEING A SPEAKER!

First and foremost, thank you so much for your interest in being a speaker for our 41st NAMI Maryland Annual Conference, scheduled for October 13th & 14th, 2023. We are so grateful for your interest, and we look forward to reviewing your proposal.

Our agenda is currently being finalized, and we need your help! In order to finalize your application, we kindly ask that you fill out the following form to help solidify a panel/presentation description and title. We also request that you provide us with **a short biography, photo, and resume.** **Your application is not considered submitted until you provide these additional materials.**

General Conference Information:

- This will be a fully virtual two-day conference. Each conference session is 1 hour. Please ensure to leave room for questions at the end of your presentation.
- A technical assistant will be assigned to your room to ensure everything is working properly.
- If accepted, our Executive Director or another NAMI representative will introduce you and your fellow speakers to our audience at the start of your panel/presentation.
- Conference attendees will be given the chance to submit questions before the conference. If your proposal is accepted, these questions will be provided to you with ample time to address them in your presentation.
- NAMI Maryland **does not pay honoraria or cover presenter expenses**; however, we do offer a complimentary two-day registration for you and your fellow presenters. If you would like to take advantage of this offer, please indicate so on this form.
- A copy of the conference program, and supplementary materials, will be mailed and emailed to all registered attendees, presenters, and sponsors.

**Please submit this form no later than Friday, August 25th, 2023
to Marquis Fourth at mfourth@namimd.org**

THIS FORM IS SUBMITTED BY:

Name: _____ Title: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you an individual with a mental illness? ☐ Yes ☐ No

Are you a loved one of an individual with a mental illness? ☐ Yes ☐ No

Are you a service provider? ☐ Yes ☐ No

If accepted, would you like to take advantage of your complimentary full conference registration?

☐ Yes ☐ No

PLEASE TYPE OR CLEARLY HAND-PRINT THIS FORM

Please note we only need **potential** titles, learning objectives, and descriptions. If you would like to make any changes after submitting this form, please let us know.

Only completed forms will be considered. Thank you so much for all your help!

Potential Title: _____

1. Please provide a concise description of what you will be discussing, between 40 and 75 words. This description may be used in the official conference program and on the conference website.

In order to complete your application, please submit a brief session outline in addition to the below information. A description and sample outline can be found at the end of this application.

2. Please list three primary learning objectives for this presentation:

3. In addition to your main topic, will you be covering any of the below?

- Best Practice or Emerging Treatments
- Co-Occurring Substance Use
- Behavioral & Physical Health
- Community Supports & Services
- A Specific Audience: Veterans, Faith, Aging, etc.
- A Specific Demographic
- A Specific Mental Health Diagnosis

Please describe:

4. Will you be using a PowerPoint slide deck, handouts, or additional materials (e.g., polls, videos, chat, etc.) for your presentation?

☐

Yes, describe: _____

☐

No

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5. This conference will be a completely virtual event. If applicable, would you like to present your own slides and share your screen, or would you like a NAMI Maryland representative to handle the tech portion on your behalf?

- ☐ **Yes, please provide a NAMI Maryland representative.** ☐ **No, I will handle my own presentation.** ☐ **Not Applicable.**

6. NAMI Maryland often uses recordings and supplemental materials like handouts and powerpoint slides for future education and dissemination. Do you consent to your presentation being recorded and consent to your materials being shared with our audience?

- ☐ **Yes, I consent to both the recording and the sharing of additional materials.** ☐ **I consent to the recording but **not** the sharing of additional materials.**
- ☐ **I consent to the sharing of additional materials but **not** to the recording.** ☐ **I do not consent to the sharing of a recording or any supplementary materials.**

7. NAMI Maryland often creates fact sheets for additional distribution based off presentations and webinars we host. Do you consent to a fact sheet being created from your presentation? *All materials created from your presentation will credit you and will be shared with you for edits and review before being distributed.*

- ☐ **Yes** ☐ **No**

8. Which days are you available? ☐ **Friday October 13th** ☐ **Saturday, October 14th**

9. Which timeslot do you prefer? Please list them in order of preference, with 1 being the highest and 4 being the lowest:

Friday Morning: ☐ **Friday Afternoon:** ☐ **Saturday Morning:** ☐ **Saturday Afternoon:** ☐

10. Would you be willing to share your participation in this conference with your networks?

- ☐ **Yes** ☐ **No**

11. If your application is not accepted, would you be interested in presenting a separate webinar for our NAMI Maryland audience?

- ☐ **Yes** ☐ **No**

12. Please list any additional comments below or attach them to this application.

ADDITIONAL SPEAKER INFORMATION

Fill out the below for each additional presenter. In order for your application to be considered, **please attach a bio, photo, and resume.**

Name: _____ Title: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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Are you a loved one of an individual with a mental illness? ☐ Yes ☐ No

Are you a service provider? ☐ Yes ☐ No

If accepted, would you like to take advantage of your complimentary full conference registration? ☐ Yes ☐ No

Name: _____ Title: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

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Are you an individual with a mental illness? ☐ Yes ☐ No

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If accepted, would you like to take advantage of your complimentary full conference registration? ☐ Yes ☐ No

SAMPLE OUTLINE:

In order to complete your application, please submit a brief presentation outline. **This outline must include section titles and the estimated time of each section.** The information in your outline does not need to be exact. All information supplied in this outline will be used to acquire Continuing Education Accreditation for this year's conference.

- *Introduction (2 minutes)*
- *Current Knowledge (3 minutes)*
- *Practical Information Section 1 (15 minutes)*
- *Practical Information Section 2 (15 minutes)*
- *Summary (10 minutes)*
- *Q and A (15 minutes)*