



**Indiana Annual Recovery Month Symposium - IN ARMS  
Our Families, Our Stories, Our Recovery  
September 23-24, 2019  
Embassy Suites, Plainfield  
Presentation Proposal Submission**

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, Our Families, Our Stories, Our Recovery, 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 registration per presentation
- One 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

The deadline to submit is **Friday June 7, 2019**. Please send submissions and/or questions to [justin@overdoselifeline.org](mailto: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 April 30, 2016 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: