TRACKS cover topics in depth over 4 hours. Sessions are broken into four 1-hour parts. All parts are taught within the same day, Monday, Tuesday, or Wednesday.

Part 1: 10:15 am - 11:15 am

Part 2: 11:30 am - 12:30 pm

Part 3: 1:30 pm - 2:30 pm

Part 4: 3:00 pm - 4:00 pm

**COMPENSATION DETAILS:** Check your desired compensation

\_\_\_\_\_\_\_\_\_\_ $400 per Track session, not per presenter ($100 per instructional hour)

**OR**

**\_\_\_\_\_\_\_\_\_\_** Complimentary Institute Registration for all presenters with no payment for any presenter.

**OR**

\_\_\_\_\_\_\_\_\_\_ No payment for any presenter and notation of your organization as an In-Kind Sponsor for Institute (regardless of the number of presenters).

Correspondence regarding this session will initially occur via email to the SUBMITTER only. Please note that information about ALL presenters who will participate in this session is requested at the time of proposal submission.

**SUBMITTER NAME**:

**SUBMITTER EMAIL ADDRESS**:

**DUE February 15, 2024**

**DIRECT LINK TO SUBMISSION FORM:**

[**https://uwstout.qualtrics.com/jfe/form/SV\_6mm4ILJmAVi7Doi**](https://uwstout.qualtrics.com/jfe/form/SV_6mm4ILJmAVi7Doi)

Please ensure that all materials are ready prior to beginning the submission process. Incomplete submissions will not be reviewed or considered until the file is complete. This document will be uploaded during the submission process. If unable to utilize the online form, a completed template document can also be emailed to hildinga@uwstout.edu.

NOTE: If submitting multiple presentation proposals, complete and upload a separate document for each.

This document template can be found here: <https://nradan.org/proposals>

**PRESENTATION PROPOSAL INFORMATION**

**BRIEFLY DESCRIBE HOW THIS SESSION WILL ADDRESS ISSUES FACING RURAL POPULATIONS, PROVIDERS, COMMUNITIES, ETC., WHY IS IT A GOOD FIT FOR THIS EVENT?:** 3-5 sentences. The review committee recognizes that some issues can be universally addressed, but this response should relay an understanding of the needs and issues faced by rural populations and how they may differ from those living in an urban setting.

**Check those that are most appropriate for the proposed session content?**

\_\_\_\_ Entry Level

\_\_\_\_ Beginning

\_\_\_\_ Supervisory/Management

\_\_\_\_ Intermediate

\_\_\_\_ Director/Administrator

\_\_\_\_ Advanced

**Please select all that apply for this session:**

\_\_\_\_ Participants will need a writing surface.

\_\_\_\_ Participants will need space for movement.

\_\_\_\_ This session involves loud music or other sounds.

\_\_\_\_ A PowerPoint or similar presentation will be used.

\_\_\_\_ A document camera is needed.

\_\_\_\_ A whiteboard is needed.

\_\_\_\_ A flipchart with markers is needed.

\_\_\_\_ This presentation will be a pre-recorded session (on-demand viewing only)

\_\_\_\_ Other unique session needs or AV information, please specify:

**Please select the MAIN topic addressed by the proposed session content. Please select a maximum of three topics:**

\_\_\_\_ Adolescent AODA issues

\_\_\_\_ Boundary Issues

\_\_\_\_ Designer/ Prescription Drugs

\_\_\_\_ Co-Occurring Disorders

\_\_\_\_ Domestic/Interpersonal Violence

\_\_\_\_ Drug and Other Treatment Courts

\_\_\_\_ Elderly/Aging Issues

\_\_\_\_ Family/Support Network Issues

\_\_\_\_ Gambling

\_\_\_\_ Inhalants

\_\_\_\_ Intervention

\_\_\_\_ LGBTQIA+ Issues

\_\_\_\_ Nursing/Medical Professional Issues

\_\_\_\_ Mental Health

\_\_\_\_ Multicultural Issues

\_\_\_\_ Pregnancy/Post-Partum Issues

\_\_\_\_ Prevention

\_\_\_\_ Provider Self-Care

\_\_\_\_ PTSD

\_\_\_\_ Relapse

\_\_\_\_ Science/Brain Chemistry

\_\_\_\_ Sexual Trauma

\_\_\_\_ Substance Abuse (non-specific)

\_\_\_\_ Trauma (non-specific)

\_\_\_\_ Treatment Issues

\_\_\_\_ Veterans/Military

\_\_\_\_ Other, Please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OVERALL PRESENTATION TITLE:** Title should be a maximum of 70 characters. It should be concise and reflective of the overall content of the session. (i.e. Rural vs Urban Addiction Treatment Approaches)

**OVERALL PRESENTATION DESCRIPTION/SUBDESCRIPTIONS:** Brief descriptions should not exceed 300 words. This description will be used for the website, printed program, etc. The description should be concise and very briefly describe overall, what will be address across all four hours of the presentation.

**SESSION PART SUBTITLES AND SUB-DESCRIPTIONS:**

Subtitles should not repeat the overall title. The subtitle and brief description should reflect what content will be covered in that specific session part. They should clearly identify and state 1 or more learning objectives for that hour and should not exceed 5-7 sentences. Note that the sub-descriptions should NOT be a copy of the overall description.

**PART ONE SUBTITLE**:

PART ONE DESCRIPTION OF CONTENT/LEARNING GOALS/OBJECTIVES:

*
*

**PART TWO SUBTITLE**:

PART TWO DESCRIPTION OF CONTENT/LEARNING GOALS/OBJECTIVES:

*
*

**PART THREE SUBTITLE**:

PART THREE DESCRIPTION OF CONTENT/LEARNING GOALS/OBJECTIVES:

*
*

**PART FOUR: SUBTITLE**:

PART FOUR DESCRIPTION OF CONTENT/LEARNING GOALS/OBJECTIVES:

*
*

**PRESENTER(S) INFORMATION:** Please include basic presenter information as indicated below for each presenter. Information should reflect how the name should be displayed on the website, print program, promotional materials, etc. (This information may be different than the name that might be used for legal/contractual purposes.)

**NOTE: IF THIS SESSION IS ACCEPTED, THE ITEMS NOTED BELOW WILL NEED TO BE SUBMITTED FOR ALL PRESENTERS:**

* CURRENT PHOTO,
* CURRENT W9 FORM
* Brief Narrative Biography. Should not exceed 200 words

**Presenter #1**

* Presenter Full Name (First, Middle Initial or Middle Name, Last Name)
* Credentials (i.e. Phd, MA, LADC, etc.)
* Job Title
* Organization/Company/Institution
* Current City and State
* Primary Email Address
* OPTIONAL: Pronouns

**Presenter #2**

* Presenter Full Name (First, Middle Initial or Middle Name, Last Name)
* Credentials (i.e. Phd, MA, LADC, etc.)
* Job Title
* Organization/Company/Institution
* Current City and State
* Primary Email Address
* OPTIONAL: Pronouns

**Presenter #3**

* Presenter Full Name (First, Middle Initial or Middle Name, Last Name)
* Credentials (i.e. Phd, MA, LADC, etc.)
* Job Title
* Organization/Company/Institution
* Current City and State
* Primary Email Address
* OPTIONAL: Pronouns

**Presenter #4**

* Presenter Full Name (First, Middle Initial or Middle Name, Last Name)
* Credentials (i.e. Phd, MA, LADC, etc.)
* Job Title
* Organization/Company/Institution
* Current City and State
* Primary Email Address
* OPTIONAL: Pronouns