

# Prader-Willi Alliance of New York, Inc.

## 20th Annual Conference

April 29, 30 & May 1, 2010 - Sovereign Best Western, Albany, NY

### 2010 20<sup>th</sup> Annual Conference Presenters Proposal Form

*Deadline: October 31st, 2009*

If you have any questions regarding your proposal or the conference, please contact Linda LeTendre, Conference Coordinator at (518) 633-4781. As part of PWANY's review process someone from the PWANY will be calling you to discuss your proposal.

Name & Title of Presenters/Contact information (Please list primary contact person first.):

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Biographical Information on Presenters:

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Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail \_\_\_\_\_

Topic: \_\_\_\_\_

Title of Proposal: \_\_\_\_\_

Goals of Presentation: \_\_\_\_\_

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Please provide a concise narrative description of the presentation, and an outline to assist the committee in its review of your proposal: \_\_\_\_\_

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**Target Audience: (Check All That Apply) Clinical** \_\_\_ **Medical** \_\_\_ **Parent** \_\_\_ **Consumer** \_\_\_

**Direct Service** \_\_\_ **Service Coordination** \_\_\_

**Level of Information: Beginning:** \_\_\_ **Intermediate:** \_\_\_ **Advanced:** \_\_\_

**Have you previously given presentations on this topic? Yes** \_\_\_ **No** \_\_\_

**If yes, please provide dates & locations:**

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**If no, please provide information on other presentations you have given:**

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**Audio Visual Equipment Needs:** (Please limit your AV request to equipment that is essential to your presentation)

**Flip Chart** \_\_\_ **VCR & TV** \_\_\_ **DVD & TV** \_\_\_ **Overhead Projector & Screen** \_\_\_

**Screen Only** \_\_\_ **Audience Microphone** \_\_\_ **No Equipment Needed** \_\_\_

**PWANY encourages presenters to prepare written materials for your presentations.**

**Will you be providing handouts? Yes** \_\_\_ **No** \_\_\_

**Length of Presentation: (Presentations limited to 1 ½ hours.)** \_\_\_

**Please Indicate the day(s) you will be available to give your presentation:**

**Friday and Saturday** \_\_\_ **Friday only** \_\_\_ **Saturday only** \_\_\_

**Please E-mail (preferred) this form to:  
Linda LeTendre, LMSW – Conference Coordinator  
lindaletendre@clasinc.org  
or FAX to (888) 823-9429  
34 Greenfield Avenue, Saratoga Springs, NY 12866-1503  
If Faxing Or Mailing Please Print Or Type This Form!**

