TWO DAYS IN MAY CONFERENCE ON VICTIM ASSISTANCE
Hyatt Regency Columbus · May 12-13, 2014
350 North High Street · Columbus, Ohio 43215

WORKSHOP PROPOSAL FORM

All proposals must be complete and submitted according to the guidelines outlined on this form on or before December 31, 2013 or it may not be considered. Please confirm the availability of the proposed presenter(s) and co-presenters in advance**. A copy of your presentation outline or PowerPoint is required with your proposal form, no exceptions.** The Attorney General's Office is requesting all workshop presenters volunteer their time. Only necessary hotel accommodations will be provided. The $75 conference registration fee will be waived for presenters. Limited funding is available for national speakers. A recommendation does not guarantee a place on the program. Staff of the Attorney General's Office will evaluate all proposals. **Presenters will be notified electronically of final acceptance on or before February 3, 2014.**

Email completed document to TDIM@OhioAttorneyGeneral.gov, or fax it to (866) 372-7133.

WORKSHOP TITLE or TOPIC

WORKSHOP DESCRIPTION: Describe the workshop as you would have it appear in the conference program (in 100 words or less).

List 3 measurable training objectives for the workshop. *Ex: At the conclusion of this presentation, the participants will be able to…*

1.
2.
3.

Circle appropriate answers below:

Indicate the target audience for this workshop: **Basic** **Advanced**

Indicate whether this workshop session will be: **1.5 hours** **3 hours**

Specify format of presentation: **lecture** **panel discussion** **table top exercise**

If other, please explain_____

This presentation will: **include videos** **require Internet access.**

Proposed Presenter(s):

Provide a 3-5 sentence biographical summary for each proposed presenter. (*Panels should have no more than 4 presenters.)*

Primary Presenter Contact Information:

Name:

Agency:

Address:

City/State/Zip:

Telephone: (o) _____ (h) _____ (c) _____

Email _____

I plan to attend the entire conference including luncheons. **Yes** **No**

If you are only attending a portion of the conference, which day/time _____

I will be seeking reimbursement for my travel expense. **Yes** **No**

I will need a hotel room. **Yes** **No**

I will need copying assistance with my handouts and will provide them by April 1, 2014. **Yes** **No**

Co-presenter #1 Contact Information:

Name:

Agency:

Address:

City/State/Zip:

Telephone: (o) _____ (h) _____ (c) _____

Email _____

I plan to attend the entire conference including the luncheons. **Yes** **No**

If you are only attending a portion of the conference, which day/time _____

I will be seeking reimbursement for my travel expense. **Yes** **No**

I will need a hotel room. **Yes** **No**

I will need copying assistance with my handouts and will provide them by April 1, 2014. **Yes** **No**

Co-presenter #2 Contact Information:

Name:

Agency:

Address:

City/State/Zip:

Telephone: (o) _____ (h) _____ (c) _____

Email _____

I plan to attend the entire conference including the luncheons. **Yes** **No**

If you are only attending a portion of the conference, which day/time _____

I will be seeking reimbursement for my travel expense. **Yes** **No**

I will need a hotel room. **Yes** **No**

I will need copying assistance with my handouts and will provide them by April 1, 2014. **Yes** **No**

Co-presenter# 3 Contact Information:

Name:

Agency:

Address:

City/State/Zip:

Telephone: (o) _____ (h) _____ (c) _____

Email _____

I plan to attend the entire conference including the luncheons. **Yes** **No**

If you are only attending a portion of the conference, which day/time _____

I will be seeking reimbursement for my travel expense. **Yes** **No**

I will need a hotel room. **Yes** **No**

I will need copying assistance with my handouts and will provide them by April 1, 2014. **Yes** **No**

For National Speakers Only:

ESTIMATED COSTS: Travel/Mileage: $_____ Lodging: $_____ Honorarium: $_____

This workshop proposal has been submitted by (if different than primary presenter):

Name _____

Agency _____

Email _____

Phone _____

Workshop Proposal Checklist:

- ☐ **I have completed all the applicable fields on this form.**
- ☐ **I have attached a presentation outline or PDF of the PowerPoint.**
- ☐ **I have checked the availability of all proposed presenters.**
- ☐ **Form was submitted on or before December 31, 2013.**

Submit to Venica Miller by email at TDIM@OhioAttorneyGeneral.gov or for questions call 614-644-1234.

Revised 1**1**/**08**/13