

WOTA Annual Conference October 8 & 9th 2010
“Call For Presentations”
Hotel Murano Tacoma, WA

Complete all sections. All categories and items must be complete to be considered for acceptance. (If you are not able to submit electronically, print the form, complete and FAX to 253-826-0140)

1. TITLE OF PRESENTATION:

2. PRIMARY PRESENTER:

NAME:

TITLE:

ADDRESS:

EMPLOYER:

HOME PHONE:

WORK:

EMAIL ADDRESS:

CELL PHONE:

FAX:

*Please note, only the primary presenter will receive notification of acceptance or denial, and all future conference related material.

ADDITIONAL PRESENTERS: Name:

Address:

Name:

Address:

3. PREREQUISITE EXPERIENCE WITH SUBJECT: (Check applicable audience)

- Students
- Beginner level (<4 years)
- Intermediate (5-9 years)
- Advanced (>10 years)
- Re-entry level (out of practice several years)
- MIXED

4. CONTENT AREA: (Indicate primary area)

- Productive Aging/Aging in Place Mental Health Physical Disabilities
- Children & Youth Academics/Fieldwork/Research Health & Wellness Professional Issues
- Work & Industry

5. SESSION TYPE: (Choose one)

Workshop. A workshop provides **90 minutes** of in-depth instruction. Presenters are encouraged to use a variety of instructional methods and media. Presenters should allow sufficient time for participant questions and discussion and completion of the post-test with review toward the end of the session (5-15 minutes).

_____ **Intensive Session.** Sessions of this type will be **two and a half hours** in length and contain detailed material. These sessions will be “intense” in terms of the quantity of material, the level of pre-requisite skill necessary on the part of attendees, and/or the learning format. Intensive sessions will require one scheduled 15 min break for the attendees and should allow for participant questions and discussion and completion of the post-test with review.

_____ **Poster.** Posters are visual displays of occupational therapy topics such as innovative treatment approaches, specialized programs, and research endeavors. Poster presenters are required to submit an abstract of their proposal, specific learning objectives, the importance of the topic proposed and the relation to occupational therapy practice, and background information with current references to support the topic. Posters must be no larger than 4 x 8 feet; no audiovisual or other equipment will be provided. Poster presenters must be present during the formal poster session to discuss his/her work with conference attendees. Poster presenters are required to obtain signatures of participants for an attendance record and provide a post-test to the attendees of the poster presentation in order for participants to receive continuing education credit.

6. PROGRAM ABSTRACT: (Description of presentation for conference program)

Please limit length to **seventy-five** words for an Intensive, **fifty** words for a Workshop session, and **thirty** for a Poster session. Abstracts greater than these limits will be edited at the discretion of the conference committee.

7. PROGRAM DESCRIPTION:

Please provide a more detailed **description (up to 350 words)** that includes content, **learning objectives*, and post test*** (to meet licensure continuing education requirements), teaching methods and content level (entry, intermediate, advanced, etc.)

Post-tests for sessions are required for participants meeting the session objectives and meeting AOTA requirements for Continuing Education (CE) credits. Post-tests should have the title of the session on top, a line for each participant to print their name, and five to ten multiple choice or T/F questions. The presenter is responsible for supplying handouts and printed post-tests for their session, scoring the post-tests and turning them in to WOTA at conference. All post-test questions must relate to content taught during your session and it is advised that you go over the test at the end of your session.

I have read and understand the requirements (please initial) _____

Description

Learning Objectives:

- 1)
- 2)
- 3)
- 4)
- 5)

***POST TEST - I am sending an electronic copy of my Post-test and answer key with the above requirements along with this application. (Must be included to be considered for acceptance)**
(Initial) _____

8. EQUIPMENT: WOTA is able to provide a LCD and projection screen. Please place an “X” in the box only if you will require one. The speaker/presenter is responsible for any additional audio-visual equipment/supplies such as laser pointers, white boards, markers, etc. (Note: WOTA is not able to provide computers, TVs, DVD or VCR players)

Yes, I will need a Projection screen/LCD _____

Special Requests for consideration:

9. Number of participants I would like my session limited to: (if any) _____

Class room sizes can seat up to 50 participants

Please set my room up with _____ **tables and chairs (holds 30 participants), OR** _____ **chairs Only (holds 50 participants)**

10. AVAILABILITY: Please indicate your tentative preference for your presentation. Please note that once the program schedule is complete, no changes can be made. Please be cautious when identifying your availability. We will do everything to attempt to give you your specified date, however please note that you may have to accept an alternative to accommodate the conference schedule.

Friday OR Saturday _____

Friday Only _____

Saturday Only _____

AM _____ **PM** _____ **Anytime** _____

I require special accommodations: (Please list)

Recognition for Presenters:

Workshop and Intensive Sessions:

Up to two presenters per session will receive Lunch and Continuing Education credit for the lunch presentation on the day of their presentation (*presenters must attend and sign in for the lunch session in order to obtain the CE*). If you have more than two presenters for your session, additional lunch tickets may be purchased for \$20.00 at the registration desk. Each session will receive ONE free WOTA membership. This membership is non-transferable and cannot be split between presenters. In the event that you present in more than one session, there is a maximum of one free WOTA membership, per conference year. (*Recognition is valued at up to \$225.00 per session*)

***I would like receive my FREE membership (applied after conference):** _____ **Yes** _____ **No**

If more than one presenter, please apply FREE membership to:

***I am NOT registering for conference this year and I would like to have lunch on the day of my presentation**

_____ **YES**, _____ **Number of presenters (up to 2)** _____ **Regular lunch** _____ **Vegetarian lunch**
_____ **NO lunch(s)**

***Yes, I would like to order and pay for additional lunches at \$20.00 per lunch.**
(Please pay for your lunch ticket on the day of your presentation at the registration desk)
Number of additional lunches _____

***Each Poster Presenter** will go into a drawing for one free WOTA membership.
_____ Yes, I would like lunch on the day of my poster presentation and I **AM NOT** registering for conference. _____ **Regular Lunch** _____ **Vegetarian Lunch**

**All presenters are required to register and pay for conference to reserve space in any additional conference sessions they are not presenting in. Please see the conference brochure online for deadlines for early bird, regular or late conference registration. These deadlines apply to presenters as well as attendees. Initial _____*

Primary Presenter: _____ **Date:** _____
Please submit an electronic signature by typing your name and date in the spaces above.

BE SURE TO PRINT A COPY OF YOUR COMPLETED APPLICATION and FAX to 253-826-0140

**Washington Occupational Therapy Association
Conflict of Interest Disclosure**

As a provider of Continuing Education under the auspices of the American Occupational Therapy Association (AOTA) Approved Provider Program (APP), the Washington Occupational Therapy Association (WOTA) must assure balance, independence, objectivity and scientific rigor in all its sponsored educational activities. All individuals who participate in sponsored activities are expected to disclose any significant relationships that may pose a conflict with the principles of balance and independence. The following questionnaire will help to evaluate potential conflicts of interest among speakers of the following CE activity:

Washington State Occupational Therapy Association 2010 Annual Conference,
October 8 & 9

Presentation Title:
Presenter Name:

Check any commercial, financial, or research relationships or interests within the past 12 months that you, your spouse, or an immediate member of your family, have that might affect your ability to provide a fair and balanced presentation for the proposed CE activity. Consider also, and check, if an organization that you have an affiliation with might benefit from the subject of the proposed CE activity.

Grants / Research Support	Yes ___	No ___
Consultant / Speaker Bureau	Yes ___	No ___
Advisory Board Membership	Yes ___	No ___
Stockholder	Yes ___	No ___
Honorarium Recipient	Yes ___	No ___
Editorial Board Involvement	Yes ___	No ___
Other Material Financial Support	Yes ___	No ___

Name of commercial organization/s providing above support:

Having an interest or affiliation with a corporate organization does not necessarily prevent you from participating in the proposed CE activity. However, AOTA APP CE policies describe procedures for resolving conflicts of interest that may require limiting the role and input of any person judged to have a conflict. **By signing “I accept” to the above information you are attesting it to be true to the best of your information and belief. This statement will be maintained in the WOTA office as a record of your compliance with the requirements of WOTA and the AOTA APP.**

Primary Presenter:

Date:

**Please submit an electronic signature by typing your name and date in the spaces above.*

Send this form electronically to WOTA at intouch@wota.org or FAX 253-862-0140

(Initial _____) I am sending my post test and post test key and any supplemental sheet, electronically with this application, to the Conference Committee by March 30, 2010. If you are unable to complete this document electronically, please contact WOTA.

Emails of acceptance or regret will be sent out on April 1, 2010