

26th Annual CARD Conference

January 18-20, 2019

FLORIDA HOTEL & CONFERENCE CENTER. ORLANDO. FLORIDA

CALL FOR PAPERS WORKSHEET

(Fill out completely)

Save form to your computer - fill in form-save Email completed form to judee.samuels@ucf.edu

PRESENTER INFORMATION



| Presenter Full Name: | | |
|---|----------------------|--------------------|
| Highest Degree Earned/Credentials: | | |
| | | |
| Co Presenter Full Name: | | |
| Co Presenter Degree Earned/Credentials: | | |
| use only one address | | |
| Address: | | |
| City: | <mark>State</mark> : | <mark>Zip</mark> : |
| Home Phone: | Cell Phone: | |
| Email. | | |

Biographical Statement for presenter(s) (150 Word Limit):

| TT | The second of the CADD conference in the contact of the second of the se |
|---------------------|--|
| | you ever presented at a CARD conference in the past? Yes No when did you present: |
| | Please remember to attach your vita (short version is permissible, please no longer than 6 |
| | if possible) or a resume (this is required for continuing education submission) |
| Photo | Please submit a digital photo electronically with your submission at least 300dpi. |
| | PRESENTATION |
| the cor lease be | MUST be filled in. Please proof read your content. If selected this is how it would be printed afterence program, on the web site, and used for the Continuing Education Units submission. as clear and concise as possible and double check spelling/grammar. f Presentation: |
| | Presentation Objectives: Please provide at least 3 learning outcomes for your |
| | presentation, in the following format: As a result of this activity, participants will be able to: |
| | 1. |
| | |
| | |
| | 2. |
| | |

3.

| 3 APA references: |
|--|
| 1. |
| 2. |
| |
| 3. |
| Presentation Abstract (150 words): |
| |
| |
| |
| Content Track (check all that apply): □ Educational □ Behavioral □ Personal □ Speech □ Introduction to ASD & Related Disabilities □ Research □ Legal Issues □ Adult Issues □ Transition Issues □ Health □ Other-please specify other: |
| Level of the presentation: |
| Presentation focuses on: Please check most appropriate psychological assessment and/or intervention ethical, legal, statutory or regulatory policies, guidelines and standards that impact psychological practice, education, or research content focuses on topics related to psychological practice, education, or research other than application of psychological assessment and/or intervention methods that are supported by contemporary scholarship grounded in established research procedures |
| Length of Presentation: ☐ 75 minutes ☐ 90 minutes ☐ I can adapt the time (15 minutes either way) of this presentation if necessary. |
| Presentation Format: Panel Lecture Group Discussion |

AUDIO VISUAL NEEDS



We attempt to make audio visual needs a seamless process. Every room will be equipped with a large screen, a projector for your presentation, and a personal computer (PC) laptop. Some rooms will have sound provided for video and a microphone. It is important if your presentation has video and or sound that you mark this. Make sure when you are transferring files to a flash drive/USB that you transfer your sound files too.

Audio Visual:

| I understand if I am a MAC user I m | ust make sure mv presen | tation will work o | on a PC |
|--|----------------------------|--------------------|----------------|
| YES | | | |
| I am not a MAC user | | | |
| I understand I MUST transfer my so | und files if applicable to | the flash drive m | y presentation |
| is on otherwise I will not have sound | l/video in my presentatio | n | |
| \square YES | | | |
| \square I may need guidance with this | | | |
| \square I do not have sound/video in my | presentation | | |
| MY PRESENTATION: | | | |
| will be in PowerPoint format | ☐ YES | ☐ NO | |
| if no what format: | | | |
| will have sound | YES | □ NO | |
| will play video | YES | □NO | |
| will require internet | YES | \square NO | |

Please initial: I understand that internet access may NOT be available in the room for my presentation and if I need such that I must confirm with the conference coordinator at least 2 months prior to the conference. I understand that flipcharts, and VCRs are not available. If I need such I may bring my own to use, but must inform the conference coordinator in advance to prepare for any changes with the hotel.

PRESENTER PERMISSION



| May we | e take photographs/video during your presentation? Yes No |
|--|---|
| present to reduce | give permission for registrants to have access to your PowerPoint/handout for your ation electronically via a PDF for a limited time? (For the past several years we have gone green cost and save our environment. We do not print a program with all PowerPoint presentations. We provide s with a security code to access presentations from a sky drive for a limited time to print prior to the se.) |
| | I give permission for the participants to access a PDF version of my PowerPoint which I will forward in grayscale with 3 slides per page Yes No |
| 0 | I will have handouts (these are not your PowerPoint, but additional information that you wish to share) I'd like to share with participants that are pertinent to my presentation \(\to Yes \subseteq No \) |
| 0 | I will not share any PowerPoint or handouts with participants for my presentation Yes No |
| proposa present A CAR your re | derstand that submission of this proposal is acceptance of your attendance if your all is accepted. If proposal is accepted your registration fee (up to a total of two ers per presentation) will be waived. You will NOT need to register for the conference D staff member will register you. All hotel/accommodations and travel charges will be sponsibility. If you desire to obtain CEUs or wish to attend any other conference as that require a fee, you understand you will be responsible for payment. |
| ☐ I ag | gree with the terms printed above. Signature: |
| our typec | d signature is the same as a signed signature. Incomplete applications will not be accepted. |

Submit electronically to <u>judee.samuels@ucf.edu</u> subject line CFP CARD 2019 or complete all forms and mail to PALS, PO Box 781458, Orlando, FL 32878-1458 to <u>arrive by May 30, 2018</u>. 407.823.6020 407.823.6012(fax)