**IMPORTANT: FOLLOW DIRECTIONS FOR COMPLETE SUBMISSION. INCOMPLETE SUBMISSIONS WILL BE REJECTED**

**INSTRUCTIONS FOR SUBMISSION**

*Submission Form*

*Before you begin read submission instructions in full. Incomplete submissions will not be acknowledged or reviewed.*

*Electronic submission is preferred and must be received by June 30, 2023, midnight*

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| **CARD & PALS Invite & Extend Submissions** | The Centers for Autism and Related Disabilities (CARD) and Providing Autism Links & Supports, Inc. (PALS, Inc.) invite proposals for presentations at the 2024 31th Annual Statewide CARD Conference, Friday, Saturday and Sunday, January 12-14, 2024, at the Florida Hotel & Conference Center. 1500 Sand Lake Road. Orlando. FL 32809. |
| **31st Annual CARD Conference** | CARD, a Florida statewide program, brings together a wide range of professionals and parents to share information about individuals with autism spectrum disorders and dual sensory impairments. The purpose of the conference is to provide education and information to professionals and families committed to individuals with autism spectrum disorders, dual sensory impairment, and related disabilities. Audiences range from families of newly diagnosed toddlers to leaders in the field of autism research and treatment |
| **Presentation Length** | Breakout sessions average of 75 minutes in length. Presenters may be asked to repeat their presentation. Presentations may be 60 or 90 minutes. |
| **Presentation Title** | Maximum words 10 |
| **Proposal Format** | Lecture, group discussion or panel |
| **Presentation Track Suggestions** | * **Nature of Autism Spectrum Disorders and Related Disabilities** * **Early Intervention** * **Education Support and Strategies** * **Family Support/Relationships** * **Specialized Populations** * **Adult Topics** * **Transition** * **Advanced Topics** * **Health & Wellness** * **Legal Issues** |
| **Presenter Information** | **ALL ITEMS MUST BE COMPLETED FOR EACH PRESENTER** (maximum of 3 presenters per presentation) and a copy of each presenter’s vita (6 page maximum) forwarded with worksheet. If you do not have a curriculum vita, a resume is acceptable. |
| **Presentation Abstract** | A 50–150-word description for the Conference Program. Carefully proofread your submission. This is how it will appear in the program. |
| **Learning Objectives/Outcomes** | This section should provide three (3) learning objectives and outcomes for the presentation, and sufficient information to determine how the session contributes to best practices and advances in the field of autism spectrum disorders or dual sensory impairments. (*Speakers may be asked to submit additional presentation material*s.) |
| **APA References** | Provide at least 3 APA formatted references for each submitted presentation. If your presentation is a personal presentation simply, write this is a personal presentation |
| **Financial & Nonfinancial Disclosures** | The first slide of your presentation must provide your financial and non-financial disclosure. Financial disclosure is anything you that you receive compensation for. Nonfinancial is anything you do with an organization that you are not compensated for.  It may be something like Financial: I am employed at \_\_\_\_\_\_\_\_\_\_\_, as a \_\_\_\_\_\_\_\_\_\_ and the author of \_\_\_\_\_\_\_\_\_\_\_\_\_ .  Non-Financial: I am a board member of \_\_\_\_\_\_\_\_\_\_\_ and sit on the \_\_\_\_\_\_\_\_\_\_\_\_\_ committee. |
| **Audio Visual** | All rooms will be provided with a:   * PC laptop * Projector * Screen * Table for the equipment * Microphone if the room size warrants one   If you are a MAC user, please make sure the presentation will play properly on a PC. Presenters are required to bring presentations on CD or flash-drive. Having a back-up is suggested. If your presentation has video please make sure the clips are downloaded on the flash drive with the presentation (if this is not done your video input will not play on another computer). If you are not sure how to do this or have not done it before, please contact our office for assistance 407-823-6020. |
| **Review Process** | Proposals are acknowledged as received. A selection committee will review all proposals. Presenter names and credentials are withheld from review. Proposals selected will provide balanced content and broad geographic representation. For 2024, emphasis will be evidence-based research and effective behavioral strategies working with individuals with high behaviors.  The Centers for Autism & Related Disabilities (CARD) is a discretionary project in the state of Florida under the Florida Department of Education. All presentations are subject to Florida Department of Education review. If selected your presentation **may be** reviewed and adjustments requested by the Florida Department of Education according to content. |
| **If Selected** | 1. Conference Admission Waived 2. You are committing to the date and time. 3. You are responsible for travel/meals/accommodations. 4. You will be recognized on the website/conference program and possibly other printed materials.   You will be notified by August 4, 2024. |
| **Submissions** | Maximum of 2 submissions per presenter permitted. No more than 3 presenters per presentation. The submission deadline is **Friday, June 30, 2023.** Any submissions after June 30, 2023, midnight, will not be considered.  Please upload here <http://bitly.ws/BI3e> when completed.  **All submissions must be labeled as “your last name\_your first name,” example: Samuels\_Judith if more than one presenter -name file with all presenters.**  Curriculum vitae (short version is permissible, please not longer than 6 pages if possible) or a full resume must be submitted with your submission, and each labeled as: Vitae: Last Name\_First Name |
| **Complete Submission Includes** | 1. Call for Papers Submission Form 2. Each presenters’ vitae or resume (whichever is applicable) 3. A photograph of each presenter 4. Financial and non-financial disclosures   Incomplete submissions will not be reviewed. |
| **Contact Information** | **All email correspondence must use CFP CARD 2023 in subject line**  Electronic: [judee.samuels@ucf.edu](mailto:judee.samuels@ucf.edu)  Phone: 407-823-6020 |
| **Due Date** | Friday, June 30, 2023 |

Date of Submission: Click or tap to enter a date.

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| **PRESENTER(S) DETAILS** | | | | | | | | |
| **HOST PRESENTER** | | | | | | | | |
| Host Presenter Name | | Click or tap here to enter text. | | | | | | |
| Host Presenter Credentials  Click or tap here to enter text. | | | Host Presenter Affiliation  Click or tap here to enter text. | | | | | |
| Host Presenter Email  Click or tap here to enter text. | | | Best Contact Number  Click or tap here to enter text. | | | | | |
| Host Contact Address | Click or tap here to enter text. | | | | | | | |
| Host City:  Click or tap here to enter text. | State:  Click or tap here to enter text. | | | | | | Zip:  Click or tap here to enter text. | |
| Financial Disclosure 2 | Financial2: Click or tap here to enter text. | | | | | | Non-Financial2: Click or tap here to enter text. | |
| Websites you are Affiliated with  Click or tap here to enter text. | | | | | | | | |
| **CO-HOST PRESENTER** | | | | | | | | |
| Co-host Presenter Name | | Click or tap here to enter text. | | | | | | |
| Co-Host Credentials  Click or tap here to enter text. | | | Co-Host Affiliation  Click or tap here to enter text. | | | | | |
| Co-host Presenter Email  Click or tap here to enter text. | | | Co-Host Contact Number  Click or tap here to enter text. | | | | | |
| Co-Host Address | Click or tap here to enter text. | | | | | | | |
| Co Host City  Click or tap here to enter text. | Co-host State  Click or tap here to enter text. | | | | | | Co-Host Zip  Click or tap here to enter text. | |
| Financial Disclosure | Financial: Click or tap here to enter text. | | | | | | Non-Financial: Click or tap here to enter text. | |
| Websites you are Affiliated with  Click or tap here to enter text. | | | | | | | | |
| **CO-HOST 2 PRESENTER** | | | | | | | | |
| 3rd Presenter Name | | Click or tap here to enter text. | | | | | | |
| 3rd Presenter Credentials  Click or tap here to enter text. | | | 3rd Presenter Affiliation  Click or tap here to enter text. | | | | | |
| 3rd Presenter Email | | Click or tap here to enter text. | | | | | | |
| 3rd Presenter Address | | Click or tap here to enter text. | | | | | | |
| 3rd Presenter City  Click or tap here to enter text. | | 3rd Presenter State  Click or tap here to enter text. | | | 3rd Presenter Zip  Click or tap here to enter text. | | | |
| Financial Disclosure 3 | | Financial3: Click or tap here to enter text. | | | Non-Financial3: Click or tap here to enter text. | | | |
| Websites you are Affiliated with  Click or tap here to enter text. | | | | | | | | |
| **PHOTOGRAPH(S) upload .png, .jpeg or PDF file here of each presenter at least 300 dpi please \*no more than 3 per session** | | | | | | | | |
| **Host Presenter** | **Co-host Presenter** | | | | | | **3rd Presenter** | |
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| **PRESENTERS BIO(S)-** *please upload a brief bio of the presenter(s) to be used on the conference website and materials* | | | | | | | | |
| **Host Presenter Bio** | **Co-host Presenter Bio** | | | | | | **3rd Presenter Bio** | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | | | Click or tap here to enter text. | |
| Along with a biographical statement you are required to submit a curriculum vitae (short version is permissible, please not longer than 6 pages if possible) or a full resume. Attach electronically with this form and presenter(s) photograph(s). | | | | | | | | |
| **PRESENTATION DETAILS** | | | | | | | | |
| Presentation Length:  Choose an item. | | Presentation Level:  Choose an item. | | | | Presentation Track:  Choose an item. | | |
| Presentation Style:  Panel Discussion  Lecture  Other | | Financial Disclosure:  I (we) understand that we are obligated to disclose all financial and nonfinancial relationships. | | | |  | | |
| If you selected Panel Presentation Type, please list your panelists full names and emails.  Note: No more than 4 people are allowed on a panel for a presentation. This does not include the host and co-host or 3rd presenter. *Note: Panelists do not count as presenters and are not entitled to complimentary ticket admissions.*  If your presentation is not, a panel leave blank and move on to the next section. | | | | | | 1. Click or tap here to enter text.  2.Click or tap here to enter text.  3.Click or tap here to enter text.  4. Click or tap here to enter text. | | |
| **PRESENTATION TITLE** | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| **PRESENTATION ABSTRACT –** *Please provide a brief description (50-150 words) of the presentation to be used for promotional purposes. Please proofread this is how it will appear in the conference program and conference website.* | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| **PRESENTATION OBJECTIVES-** *Please provide at* ***least three*** *objectives/learning outcomes for your session.* | | | | | | | | |
| 1. Click or tap here to enter text. | | | | | | | | |
| 2. Click or tap here to enter text. | | | | | | | | |
| 3.Click or tap here to enter text. | | | | | | | | |
| **APA REFERENCES-** *This training may be recognized as a professional development session, which allows professionals to receive continuing education units after attending.* ***Three APA references are required****. If this is a personal presentation, please mark “personal”.* | | | | | | | | |
| 1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text. | | | | | | | | |
| **PRESENTATION AUDIO-VISUAL** | | | | | | | | |
| I (we) understand audio visual will be set up with PCs and if I (we) prefer to use a Mac I (we) must provide a converter. Mac users must make sure the presentation works on a PC | | I (we) understand it is important to be prepared with a backup for the presentation with all embedded video/sound on external apparatuses. | | | | | | This presentation will require an internet connection |
| **PERMISSION TO PUBLISH** (if presenting with more than 1 presenter all must agree or disagree for permission to publish) | | | | | | | | |
| I (we) give permission for my (our) name and or photo to be used in promotions for the conference  Choose an item. | If provided, I (we) give permission for my (our) handouts/PowerPoints to be shared on a drive for attendees only for up to 30 days.  Choose an item. | | | | | | I (we) give permission for our bios to be printed in the conference program.  Choose an item. | |
| **SUBMISSION PROCESS** | | | | | | | | |
| I (we) understand this is a call for papers and by submitting this form it does not mean that I (we) have been asked or are guaranteed to present the 30th Annual Statewide CARD Conference. My (our) submission will be reviewed by a committee. All submissions are submitted blind to the committee (*so the committee is not aware who is submitting to protect all from bias*).  The Centers for Autism & Related Disabilities (CARD) is a discretionary project in the state of Florida under the Florida Department of Education (FLDOE). All presentations are subject to FLDOE review. If selected your presentation **may be** reviewed and adjustments requested by the FLDOE.  The submission deadline is **Friday June 30, 2023.** Any submissions after June 30, 2023, midnight, will not be considered.  Please upload here <http://bitly.ws/BI3e> when completed.  **All submissions must be labeled as “your last name\_your first name,” example: Samuels\_Judith if more than one presenter -name file with all presenters.**  Curriculum vitae (short version is permissible, please not longer than 6 pages if possible) or a full resume must be submitted with your submission, and each labeled as: Vitae: Last Name\_First Name | | | | | | | | |
| Host Presenter | | | | Co-Host Presenter | | | | |
| Name: Click or tap here to enter text. | | | | Name: Click or tap here to enter text. | | | | |
| Host Presenter | | | | Co-host Presenter | | | | |

**For Office Use Only:**

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|  |  | Room | Time | Date/Day |
| Room with Sound |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Internet |  |  | | |
| Permission to publish |  |
| Reviewed |  |