



## 23<sup>rd</sup> Annual NASW SC Chapter Spring Symposium

Springmaid Beach Resort and Conference Center  
3200 South Ocean Blvd.  
Myrtle Beach, SC 29577

March 22-25, 2009

### CALL FOR WORKSHOP ABSTRACTS

#### WHO MAY SUBMIT

Social workers, practitioners, academicians, students, and all professionals. The names of all presenters, biographical sketches, and a copy of degrees must be submitted at the same time as the proposal.

#### HOW TO SUBMIT

Abstract proposals must be e-mailed to [scnasw1@bellsouth.net](mailto:scnasw1@bellsouth.net). A link to this form can be found on the Chapter's website, [www.scnasw.org](http://www.scnasw.org). Abstracts must be received on or before **November 21, 2008**. Incomplete proposals will not be considered. **All proposals must be submitted electronically.** Abstracts should be specific and will be evaluated on originality of ideas and methods, importance, and clarity.

#### TIME SLOTS

Workshop presentations will be 1.5 hours or 3 hours with a 15 minute break.

#### AUDIOVISUAL EQUIPMENT

Equipment will be made available to out of state presenters only. Presenters living in South Carolina will be responsible for providing their own audiovisual equipment **EXCEPT** screens. ***Presenters must prepare their own hand-outs.*** Information on rentals will be provided. Audiovisual personnel will not be available at the sessions to operate the equipment.

#### PROPOSAL AGREEMENT

If the proposal is accepted, the presenter ***MUST*** complete a registration form (call the Chapter office for more details). The registration fee for the day of the presentation is waived. If the presenter is attending the full conference, the presenter ***MUST*** pay the appropriate registration fee for the Symposium. ***Each workshop has a limit of two co-presenters.*** The lead presenter ***MUST*** inform the co-presenters of all information related to the proposal.

NASW SC Chapter ***DOES NOT*** pay for transportation, lodging, meals or other associated costs for presenters.



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Abstract Proposal  
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**Lead Presenter & Credentials:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip

**Daytime Phone:** ( ) \_\_\_\_ - \_\_\_\_ **Fax#:** ( ) \_\_\_\_ - \_\_\_\_ **E-mail:** \_\_\_\_\_

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**Title of Presentation (Up to 10 Words):** \_\_\_\_\_  
\_\_\_\_\_

**Abstract Description:** (Maximum 50 words)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Objectives:** (List 3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Presentation Format:**

Workshop/Training

Panel

**Time Slot:**

1.5 hours

3.0 hours

**Level:**

Basic

Intermediate

Advanced

**Equipment Needs: (Out-of-State Presenters Only)**

TV/VCR

Flip Chart and Easel

Screen

LCD

**Included are the following items:**

\_\_\_\_ Abstract Proposal

\_\_\_\_ Names, biographical sketches, and copy of degrees for all presenters (**must be attached with Abstract**)