

OTAO CONFERENCE 2010
THEME: OCCUPATIONAL THERAPY INSPIRING EXCELLENCE
CALL FOR PAPERS

TITLE OF PRESENTATION: _____

NAME OF PRIMARY PRESENTER: _____

Session Type: Institute Half/Full Day Workshop Usually 3 hours Concurrent Session Usually 1-2 hours Poster

TARGET AUDIENCE

_____ Student _____ Entry level (0-4yrs) _____ Intermediate (4-9 yrs.)
_____ Advanced (10+ yrs.) _____ Re-entry _____ Mixed

PRIMARY CONTENT AREA

<input type="checkbox"/> Admin/Mgmt	<input type="checkbox"/> Education	<input type="checkbox"/> Gerontology
<input type="checkbox"/> Hand Therapy	<input type="checkbox"/> Home Health	<input type="checkbox"/> International
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Physical Disabilities	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Sensory Integration	<input type="checkbox"/> School Systems	<input type="checkbox"/> Technology
<input type="checkbox"/> Worker Rehab	<input type="checkbox"/> Student Issues	<input type="checkbox"/> Other _____

Name: _____ Professional Title: _____

Home address: _____

Employer: _____

Phone (H) _____ (W) _____ (Email) _____

Names and titles of co-presenter(s), if any: _____

SCHEDULING PREFERENCE:

Please indicate your preference for the day and time for your presentation. The committee will attempt to schedule according to speaker preference, however depending on the number of speakers accepted, this may not be possible.

Friday, October 15th Saturday, October 16th Sunday, October 17th
 AM PM

PLEASE ATTACH THE FOLLOWING REQUIRED INFORMATION :

1. **ABSTRACT:** Prepare a summary of learning objectives and format that can be edited (if needed) for the brochure (maximum of 75 words for institute/workshop, 50 words for technical/poster).
2. **ONE PAGE DESCRIPTION OF PRESENTATION:** The description should include detailed learning objectives and a brief description of teaching methods and content.
3. **AUDIOVISUAL & EQUIPMENT NEEDS.**

Send Proposals (postmarked by May 30, 2010) to: Mindy Laidlaw, 2500 NE Neff Rd, Bend OR 97701 or email to: mlaidlaw@stcharleshealthcare.org

Questions? Contact Mindy Laidlaw, Conf Chair at (541) 382-4321 ext 7365