



# 2007 Call for Presenters Submission Form

Venues to include:

31<sup>st</sup> Juvenile Justice Fall Institute, Nov 7-9, 2007 • Roanoke, VA

A. **PROPOSED WORKSHOP OR SESSION TITLE**

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B. **WORKSHOP TARGET AUDIENCE** (check all that apply)

- Probation Officers    Correctional Counselors    Social Workers    Mentors  
 Judges    Public Defenders & Defense Attorneys    Prosecutors    Guardian Ad Litem  
 Community-Based Mental Health Providers    In-Patient Mental Health Providers  
 Educators    School-Based Counselors    School Resource Officers    Law Enforcement  
 Group Home Employees    Secure Detention Workers    Correctional Officers  
 Detention Alternative Providers    ALL OF THE ABOVE
- Direct Service Providers    Middle Managers    Upper Management/Policy Makers

C. **WORKSHOP/SESSION LENGTH**

- 1 hour    1.5 hours    2 hours    2.5 hours    3 hours    3.5 hours    4 hours

D. **ABSTRACT/DESCRIPTION OF SESSION**

(as it would appear in the conference program)

E. **EQUIPMENT & MATERIAL NEEDS**

(Please indicate all audio-visual and material needs. Note, however, that with the exception of equipment in the plenary session rooms, the conference host has a very limited equipment budget and relies heavily on speakers to provide their own equipment. Also, microphones are typically provided only for general sessions and large workshop rooms.)

- LCD PROJECTOR    Can Be Provided By Speaker    Requested of Conference Host  
 LAPTOP COMPUTER    Can Be Provided By Speaker  
 PROJECTION SCREEN  
 MICROPHONE  
 OTHER (explain): \_\_\_\_\_
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**F. SUBMITTER'S CONTACT INFORMATION**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Add Line1: \_\_\_\_\_  
Add Line 2: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone 2: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_

**G. PRESENTER'S CONTACT INFORMATION**

(for panel presentations, please include contact information for each panelist)

Name: _____	Name: _____
Title: _____	Title: _____
Agency: _____	Agency: _____
Add Line1: _____	Add Line1: _____
Add Line2: _____	Add Line2: _____
Add. Line 3: _____	Add. Line 3: _____
Office #: _____	Office #: _____
Mobile #: _____	Mobile #: _____
Website: _____	Website: _____

Name: _____	Name: _____
Title: _____	Title: _____
Agency: _____	Agency: _____
Add Line1: _____	Add Line1: _____
Add Line2: _____	Add Line2: _____
Add. Line 3: _____	Add. Line 3: _____
Office #: _____	Office #: _____
Mobile #: _____	Mobile #: _____
Website: _____	Website: _____

**H. PRESENTER'S BIOGRAPHY/CREDENTIALS AND PHOTOGRAPH**

(For panel presentations, please include biography, credentials and photograph for each panelist)

I. **SPEAKING EXPERIENCE AND REFERENCES**

- I will be presenting the proposed workshop/session for the first time.
- I have presented the proposed workshop/session to the following groups:

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**References**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

J. **REQUESTED SPEAKER HONORARIUM OR PAID EXPENDITURES**

(Please include information about your speaking fees and expenses. Also, please let us know if you are working under a grant or in partnership with an agency or organization that can cover your fees and expenses in part or in full.

- No Honorarium or Travel Assistance Requested  
I am working under a grant or will be supported by my employer.

- Funding Can Be Provided By The Following Group / Entity:

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- No Honorarium -- Travel Assistance only (as follows)

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K. **AVAILABILITY and INTEREST**

- Please consider my proposal for only the 31<sup>ST</sup> FALL INSTITUTE – Nov 7-9, 2007, Roanoke
- Please consider my proposal for the 17<sup>TH</sup> Spring Institute - March 2008, VA Beach
- In addition to considering my proposal for the above conferences, feel free to consider it for state and regional events in the following localities:

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Abingdon     | <input type="checkbox"/> Staunton / Augusta Co | <input type="checkbox"/> Manassas               |
| <input type="checkbox"/> Roanoke      | <input type="checkbox"/> Charlottesville       | <input type="checkbox"/> Fredericksburg         |
| <input type="checkbox"/> Martinsville | <input type="checkbox"/> Harrisonburg          | <input type="checkbox"/> Richmond               |
| <input type="checkbox"/> Danville     | <input type="checkbox"/> Winchester            | <input type="checkbox"/> Williamsburg / Hampton |
| <input type="checkbox"/> Lexington    | <input type="checkbox"/> Alexandria / Fairfax  | <input type="checkbox"/> VA Beach / Norfolk     |

**READY TO SUBMIT YOUR PROPOSAL?** Electronic submission is preferred.

Submit to: [instituteplanning@vija.org](mailto:instituteplanning@vija.org) on or before **Friday, April 13, 2007**. Submit questions to: [instituteplanning@vija.org](mailto:instituteplanning@vija.org) or call Katherine Farmer, Institute Planning Chair at (804) 501-4417 or Beth Stinnett, VJJA President at (804) 786-0486.

Please feel free to duplicate this application for distribution to interested parties.