**PRESENTER APPLICATION**

**Presenter(s) Contact Information (Please list lead presenter 1st)**

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<th>Name</th>
<th>Organization</th>
<th>e-mail &amp; Phone Number</th>
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**Bio for each Presenter (40-50 Words Maximum for each)**

**Target Audience: (check one)**

- [ ] Beginner  
- [ ] Intermediate  
- [ ] Advanced  
- [ ] Appropriate for all levels

**Audio Visual Needs (a screen, laptop and LCD projector will be provided)**

- [ ] Visual (computer/projector)  
- [ ] Sound  
- [ ] Internet access  
- [ ] Whiteboard  
- [ ] None

**Special Needs: appropriate arrangements if your presentation is selected (i.e. wheelchair accessibility, sign language interpreter, etc.)**

**Workshop Criteria**

- Build knowledge or skills to improve outcomes with diverse populations
- Promote the implementation, practice, and/or adaptation and innovations for evidence-based and/or best/promising practices in substance abuse treatment, behavioral health, integrated healthcare and health equity

**Workshop Title (10 words maximum for title)**

**Workshop Description (60 words maximum for description)**

**LEARNING OBJECTIVES:**

*Provide 3 brief, behaviorally-based learning objectives for this presentation.*

1. 

2. 

3. 

Submit proposals by 12/15/17 to: CesarChavezConference@terros.org