**CALL FOR PRESENTATIONS**

**Deadline Friday, January 31, 2020**

**Department of Health and Human Services & Community Mental Health Association of Michigan**

**Self-Determination Conference**

**Tuesday, May 5, 2020**

**Lansing Center**

* Return via email to [cward@cmham.org](mailto:cward@cmham.org) by **Deadline Friday, January 31, 2020.**
* We allow for a **maximum of 3 presenters** during a workshop.
* Workshops are generally 90 minutes; a small number of double sessions may be considered.
* **Presenter Compensation**:
* Presenters will receive a complimentary conference registration for the conference.
* The conference budget will not provide honorariums for most workshop presenters.
* Due to the high cost of travel, we are not able to reimburse most workshop presenters for mileage.
* If needed, financial support (honorarium and mileage reimbursement) can be arranged for individuals with lived experience.
* If presenters are not able to participate due to lack of reimbursement, special arrangements may be made with DHHS/CMHA when you are notified of your accepted proposal.

|  |  |
| --- | --- |
| **Proposed Time**  *Check all your availability:* | May 5, 2020 Morning (10:15am – 11:45am)  May 5, 2020 Afternoon (12:30pm – 2:00pm)  May 5, 2020 Afternoon (2:15pm – 3:45pm) |
| **Workshop Title** |  |
| **Brief Overview of Presentation**  *Please provide a brief description (5-7 sentences) of the proposed presentation that we may use for promotional purposes.* |  |
| **PRESENTER’S INFORMATION:** | |
| Name: |  |
| Organization: |  |
| Address: |  |
| Phone Number: |  |
| Email Address: |  |
|  |  |
| Name: |  |
| Organization: |  |
| Address: |  |
| Phone Number: |  |
| Email Address: |  |
|  |  |
| Name: |  |
| Organization: |  |
| Address: |  |
| Phone Number: |  |
| Email Address: |  |

**Deadline Monday, January 31, 2020**

**Return to:** [**cward@cmham.org**](mailto:cward@cmham.org)