



# WEST VIRGINIA ASSOCIATION OF ALCOHOLISM AND DRUG ABUSE COUNSELORS, INC.

WVAADC is committed to promoting excellence in care.  
Membership benefits include clinical training, educational opportunities and professional standing through representation at local, state and national levels.

## CALL FOR PROPOSALS

### 2021 Professional Development Summit – Oglebay Resort – Wheeling, WV

### “United for Recovery”



WVAADC will be hosting our 40<sup>th</sup> annual Professional Development Summit at Oglebay Resort in Wheeling.

August 9 – 13, 2021



**Do you have a presentation for us?** Topics related to: Therapy Techniques, ACEs, Trauma Informed Care, Mindfulness, Peer Recovery, Prevention, Co-occurring Disorders, Eating Disorders, Family Dynamics, Vaping, Military issues, Legal Cannabis, Medical needs, Abstinence Based programs, MAT, Effects of MAT, Addictions: Alcohol/ Drugs/Gambling/Video Gaming/ Internet / Vaping and current trends in recovery and/or addiction treatment are sought.

Please complete the following:

Presenter information must be COMPLETE and CLEARLY WRITTEN-electronic submission is preferred. (lindainwv@live.com)

If you have a preference for a day and time to present, attempts will be made to accommodate the preferred time and day.

Workshop Sessions can be 90 minutes, 2hours, 3 hours or 6 hours.

We are asking that you assign an Expertise Level to your workshop-beginner, intermediate or advanced.

Please complete the following information:

1. Name of session with a brief overview. Session objectives.
2. Information on presenter and presenter biography.
3. Has the presentation been offered previously? If so, to whom and when?
4. Preference of session date and/or time. (1 ½, 3 or 6 hours needed for session).

Please submit to:  
Before May 1, 2020.

Linda Mealey  
[lindainwv@live.com](mailto:lindainwv@live.com)  
9 Gate Street  
Buckhannon, WV 26201  
304-613-9306 or 304-472-6129

or  
Manuel D. Jackson (Marc)  
[manueljackson@yahoo.com](mailto:manueljackson@yahoo.com)  
215 S 3rd Street -Ste. 600  
Clarksburg, WV 26301-2945  
304-629-8225 or 304-423-7056

## Conference Theme: “United In Recovery”

PRESENTATION TITLE: \_\_\_\_\_

**Desired Fee** \_\_\_\_\_

Primary Presenter	Co-Presenter (if applicable)
Credentials	Credentials
Title	Title
Company	Company
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Email	Email

Expertise Level (check one)	Beginner	Intermediate	Advanced	All Levels
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**Audio Visual Needs:** Please check each item needed. All rooms will have a materials table in the front.

**(Note if you are able to provide your own equipment and supplies, it would be much appreciated.)**

Projector	Laptop	Flip Chart	Other (please specify):
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Room Setup greatly impacts the number of attendees who can fit comfortably. Please indicate the setup you PREFER. We will do the best we can to accommodate however room set up is not guaranteed.

___ Classroom tables & chairs	___ Theater rows of chairs	___ Circle chairs only	___ U-Shape chairs only	___ U-Shape Tables & chairs	Other – please specify in space below
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Please indicate preferred presentation day and time.

<b>MON- AUG 9</b>	<b>TUE-AUG 10</b>	<b>WED - AUG 11</b>	<b>THUR- AUG 12</b>	<b>FRI – AUG 13</b>	<b>___ No Preference</b>
___ Afternoon or evening only	___ Morning ___ Afternoon	___ Morning ___ Afternoon	___ Morning ___ Afternoon	___ Morning Only	

**Please provide a description as you would like it to appear in the brochure, 50 words maximum:**  
Explains why the participant would want to attend your workshop.

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**Learning Objectives: Please write these as measurable/observable** –At least three statements about what the participants will be able to do as a result of attending your workshop.

1. 

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2. 

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3. 

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**Biographical Information about the presenter(s) as you would like it printed in the brochure- 50 words or fewer.**

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**PLEASE INCLUDE ATTACHMENTS:**

1. Resume of each presenter
2. Power Point of presentation if you will be using one
3. Handouts
4. Attach additional pages as needed.
5. Your proposal will be reviewed by the Professional Development Committee and you will be contacted regarding your proposal.

**THANK YOU – The Professional Development Team**

**Presenters will be notified of session selection between June 1-30, 2020.**