



## 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 Virtual Conference August 9-11, 2021

Please complete the following information. Presenter information must be COMPLETE and CLEARLY WRITTEN-electronic submission is preferred.

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 are 1, 2, 3 hours or 6 hours.

We are asking that you assign an Expertise Level to your workshop-beginner, intermediate or advanced. Topics related to Military issues, Legal Marijuana, Abstinence Based programs, MAT, Alcohol, Effects of MAT and current trends in recovery and/or addiction treatment are sought.

#### 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, 2, 3 or 6 hours needed for session).

Please submit to:

Heather Sharp  
[heathersharpspinks@gmail.com](mailto:heathersharpspinks@gmail.com)  
81 Sharp Lane  
Fenwick, WV 26202

or

Linda Mealey  
[lindainwv@live.com](mailto:lindainwv@live.com)  
9 Gate Street  
Buckhannon, WV 26201

Before June 1, 2021.

Presenters will be notified of session selection by July 1, 2021.

For questions related to the conference contact:

Heather Sharp 304-651-4020 [hnsinks@wirefire.com](mailto:hnsinks@wirefire.com)

Linda Mealey 304-613-9306 [lindainwv@live.com](mailto:lindainwv@live.com)

Conference Theme: "Pathways to 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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This will be a Virtual Conference. Would you prefer \_\_\_\_\_ Webinar Style (Lecture)  
Or \_\_\_\_\_ Zoom (interactive)

Please indicate preferred presentation day and time.

Monday Aug. 9	Tuesday Aug. 10	Wednesday Aug. 11	_____ No Preference
____ Morning ____ Afternoon	____ Morning ____ Afternoon	____ Morning ____ Afternoon	

**Summary of Presentation:** Please communicate clearly what the participant will expect to learn from the presentation.

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**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.

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**Biographical Information about the presenter 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.

**Please submit to:**

**Heather Sharp**  
[heathersharpspinks@gmail.com](mailto:heathersharpspinks@gmail.com)  
**81 Sharp Lane**  
**Fenwick, WV 26202**

**or**

**Linda Mealey**  
[lindainwv@live.com](mailto:lindainwv@live.com)  
**9 Gate Street**  
**Buckhannon, WV 26201**

**THANK YOU – The Professional Development Team**