

## Workshop Proposal Form

Thank you for your interest in submitting a workshop proposal to the Canadian Stuttering Association Conference. Workshops will be **one hour** long, including audience questions and discussion. We welcome themes that explore attitudes toward speaking and stuttering, issues in stuttering therapy, emotional coping for people who stutter and relevant research. All Conference presenters will be required to please:

1. Register for and attend the conference.
2. Send the completed Proposal Form by **May 19, 2019**.

### Audio Visual Requirements

Will you need audio visual equipment? (You must bring your own computer)

Yes      No

### Audience (check all that apply)

This workshop is designed for:

Teens      Parents      Adults

### Important Dates and Notes

Workshop submission deadline is **May 19**. You will be notified in early summer if your workshop has been accepted. All workshop schedules are subject to change.

**Helpful hint:** Save the PDF file to your computer BEFORE filling it out. Otherwise, the information may not be saved.

### Information

Name \_\_\_\_\_

Workshop Title \_\_\_\_\_

### CONTACT INFO

Address \_\_\_\_\_

City, Province, Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

## BIO

Please provide a brief biography (maximum 50 words) to be printed in the conference program.

## WORKSHOP DESCRIPTION

Please provide an abstract that describes your proposed workshop/presentation.

## SESSION OUTCOMES

What are the expected outcomes for those who attend your proposed workshop/presentation?

## ADDITIONAL PRESENTER INFORMATION

Please list the names of additional presenters below (up to 3). All presenters must be registered for the conference.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

## CONTACT INFO

Please send this filled pdf as an email attachment to: [caseykennedy@stutter.ca](mailto:caseykennedy@stutter.ca)

You may also mail your completed form to: **Canadian Stuttering Association**  
**Toronto Dominion Centre, P.O. Box 1097**  
**Toronto ON M5K 1P2**

Phone: **1-866-840-2905** or **416-840-5169** (Toronto)

Thanks for your submission!