



MISSISSIPPI COUNSELING ASSOCIATION CONFERENCE
November 8-10, 2017
Tupelo, Mississippi

CALL FOR PROGRAMS *Deadline: June 1, 2017*

Submissions must be made electronically. Handwritten submissions will not be considered. All submissions must be completed on this form. Incomplete applications will not be accepted.

Counselors: UNITED to Serve ALL

Counselors provide a wide variety of services to people of all ages. As such, we all work together to best serve our community. MCA believes strongly in the power of collaboration within our own field, but also collaboration with other health providers. As you consider the 2017 conference, think of ways that you collaborate with other professionals to provide better services. **Program proposals that focus on the collaborative nature of counselors will have a priority.**

INFORMATION FOR PRESENTERS:

1. MCA will provide laptops and projectors.
2. MCA will provide wireless for all content session rooms at the convention center for the presenter only.
3. The program chairperson is responsible for:
 - A. Coordinating the program
 - B. Contacting co-presenters regarding all details of presentation.
 - C. Providing adequate handouts.
 - D. Notifying conference program chair regarding special room arrangements.
4. Using content sessions to market commercial products is prohibited. Vendors must purchase exhibit booths.
5. Presenters, both MCA members and non-members, who are also attending any other conference functions must register.
6. Presenters submitting more than one content session proposal should indicate their first and second preference. Restrictions of time and space may not allow MCA to utilize all proposals. In order to avoid a schedule conflict, those who submit a proposal and co-present at a different content session must indicate those intentions on both forms.

All presenters must submit a resume or vita with this proposal.

If a resume or vitae is not presented the Call for Program will not be reviewed.

This information is required for MCA to offer CEU and CE credit.

TITLE OF PROGRAM:

LEARNING OBJECTIVES: (Please list three)

Counselors who attend this session will:

- 1.
- 2.
- 3.

PROGRAM SUMMARY (As it will appear in the conference program if accepted -
Maximum 75 words):

PROGRAM LENGTH: 1 hr. 15 min. 2 hrs. 30 min. Poster Session

PREFERRED DAY: Thursday Friday Either

FORMAT: Lecture Panel Poster Other (describe below)

TARGET AUDIENCE: *Check all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Clinical Mental Health Counselors | <input type="checkbox"/> College Counselors |
| <input type="checkbox"/> Marriage & Family Counselors | <input type="checkbox"/> Rehabilitation Counselors |
| <input type="checkbox"/> School Counselors | <input type="checkbox"/> Substance Abuse Counselors |
| <input type="checkbox"/> Graduate Students | <input type="checkbox"/> Other: _____ |

PROGRAM CHAIRPERSON

(Must be a current MCA member and must be present during session)

Name:

(Print name, degree/credentials as it will appear in the program book if accepted)

Institution/Organization:

Address (Include City, State, & Zip):

Phone:

Email Address:

*Graduate student proposal must be approved and supervised by student's advisor.

Faculty Advisor Signature _____

OTHER PRESENTERS

(Print name, degree/credentials, & institution/organization – as it will appear in the program book if accepted)

SUBMIT PROPOSALS TO:

**Doug Copeland
mcacallforprograms@gmail.com**

Program #	Room Name & Number	<u>MCA USE ONLY</u> Date	Time	Other