

**Maryland Occupational Therapy Association's
Annual Conference
November 5th and 6th, 2010
Crowne Plaza North Hunt Valley, Timonium, Maryland**

POWER UP  for the New Decade

Call for Presentations

Title of Presentation: _____

Type of Presentation: Poster _____ Session (1.5 hours) _____
Roundtable (1.5 hours) _____ 3 hours (Institute) _____

Topic of Presentation: Children and Youth _____ Productive Aging _____
Mental Health _____ Health and Wellness _____
Work and Industry _____ Rehabilitation & Disability _____

Level of Presentation: Entry _____ Intermediate _____ Advanced _____

Maximum number of participants (if applicable): _____

(You must choose a level for your presentation. Levels will be printed in the conference brochure)

Are you submitting more than one presentation for consideration? Yes _____ No _____

Any other considerations: _____

Audio Visual Needs (please check applicable box):

____ Screen and LCD Projector (Presenters will need to bring OWN laptop)

Macintosh laptops will require the presenter to bring their own VGA 1510 Adapter

____ No AV equipment needs

Any additional equipment needs must be supplied by the presenter.

Please note: The advertisement and/or sale of items or business during conference presentations is prohibited.

Typed proposals MUST include this cover letter and the following:

____ A 250 word or less **abstract of the presentation** with learning objectives, methods of presentation, a list of 5 current references and a timeline indicating how time will be spent

____ One copy of each author's curriculum vitae

____ A one paragraph **biographical sketch** of each author for use as an introduction

____ A 30-40 word **synopsis of the presentation** to be used in the brochure.

____ Bulleted objectives to be met during your session.

First Author:

Name: _____
Title & Affiliation: _____
Address: _____
Phone (home and work preferred): _____
Email Address: _____

Second Author:

Name: _____
Title & Affiliation: _____
Address: _____
Phone (home and work preferred): _____
Email Address: _____

Third Author:

Name: _____
Title & Affiliation: _____
Address: _____
Phone (home and work preferred): _____
Email Address: _____

****Additional authors** should include the same information on a separate page. **All authors must have an email address listed.**

Proposals must be postmarked by **May 1, 2010**.
Proposals will not be accepted after the above date. Please send to:

Katie Cooper
11 Sugarloaf Ct. Apt 201
Baltimore, MD 21209

Email submissions can be sent to: Conference@mdota.org

Questions??? Email: Conference@mdota.org

*Submissions will be reviewed based on accuracy, completeness, currency of topic and currency of evidence based references.

*After submissions are accepted for presentation by the conference committee, presenters will receive a contract to sign and return by a specified date in order to confirm participation and agreement with the terms and conditions of the 2010 MOTA conference.