**2021 Call for Proposals – Together for Children**

**34th Annual Together for Children Conference**

**April 21-22, 2021**

**The Osthoff Resort, Elkhart Lake**

**Number of Presenters:**

Maximum of THREE presenters, unless there is a panel presentation with one facilitator.

**Reimbursement:**

Up to TWO presenters will be able to attend the two-day conference (April 21 & 22) at no cost. Mileage, for the day of the presentation, will be covered at the current state rate – if not covered by the presenter’s employer.

**Room Set Up:**

The workshop rooms will be set up to accommodate participants in classroom style. Workshops will accommodate a minimum of 30 participants.

**Submission Instructions:**

Complete the following Workshop Information sheet and return via email to jyeager@chw.org; fax to 920-967-1001, Attn: Jane Yeager; or mail to:

Jane Yeager

PCAW Program Coordinator

Children’s Hospital of Wisconsin Community Services

325 N Commercial St

Neenah WI 54956

**Submit by September 11, 2020**

**Workshop Title:** Click here to enter text.

**What is the problem in practice or improvement to be addressed by this workshop?**

Click here to enter text.

**Workshop Description:** (This description will be used by the committee to evaluate if your proposed workshop fits our needs and conference goals. It should include a detailed description of the information to be presented, a STATEMENT ABOUT FORMAT (lecture, case studies, videos, hands-on activities, group discussions, etc.) and other information you feel may be useful in evaluating your proposal.)

Click here to enter text.

**Learning Objectives:** (Please include 1-2 learning objectives that state what participants will be aware of, knowledgeable about, or be able to use after attending your session.)

Click here to enter text.

**Workshop Abstract:** (This shorter version of your session description will be used in the registration information. This is your marketing piece and should be worded in a way that generates interest in attending your session. It should closely match what participants can expect from your presentation. Please be concise with your description.)

Click here to enter text.

**Describe how you will help participants integrate the information presented in the workshop into their daily practice:**

Click here to enter text.

**Length of Workshop Session:**

[ ]  90 minutes

[ ]  3 hours

**Workshops Content Level:**

[ ]  Beginner

[ ]  Intermediate

[ ]  Advanced

[ ]  Appropriate for all attendees

**Workshops content will be beneficial for the following professional groups: (check all that apply)**

[ ]  Child Advocacy Center Staff

[ ]  DV/SA Personnel

[ ]  Law Enforcement

[ ]  Legal (attorneys, guardian ad litems, prosecutors, etc.)

[ ]  Medical Professionals (doctors, SANE nurses, nurse practitioners)

[ ]  Prevention Staff (home visitors, family resource staff, etc.)

[ ]  School Personnel

[ ]  Social Workers

[ ]  Therapists/Counselors

**Days/Times available to present workshop: (Check all that apply)**

[ ]  Wednesday, April 21, 2021 – Late AM

[ ]  Wednesday, April 21, 2021 – Early PM

[ ]  Wednesday, April 21, 2021 – Late PM

[ ]  Thursday, April 22, 2021 – Early AM

[ ]  Thursday, April 22, 2021 – Late AM

[ ]  Thursday, April 22, 2021 – Early PM

[ ]  Thursday, April 22, 2021 – Late PM

**If the conference has to be held virtually in 2021, would you be able to present your session in a virtual format?**

[ ] Yes

[ ] No

**Primary Presenter:** (will serve as the contact person)Click here to enter text.

**Degrees, Credentials (BA, MS, MSW, PhD, etc.):** Click here to enter text.

**Job Title:** Click here to enter text.

**Employer:** Click here to enter text.

**Email Address:** Click here to enter text.

**Mailing Address:** Click here to enter text.

**City, State, Zip Code:** Click here to enter text.

**Work Phone Number:** Click here to enter text.

**Additional Presenter (if needed):** Click here to enter text.

**Degrees, Credentials (BA, MS, MSW, PhD, etc.):** Click here to enter text.

**Job Title:** Click here to enter text.

**Employer:** Click here to enter text.

**Email Address:** Click here to enter text.

**Mailing Address:** Click here to enter text.

**City, State, Zip Code:** Click here to enter text.

**Work Phone Number:** Click here to enter text.

**Additional Presenter (if needed):** Click here to enter text.

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