

Mid-South Regional Fall Pastoral Care Institute 2008  
CONFERENCE WORKSHOP PROPOSAL

**APPLICATION DEADLINE:  
POSTMARKED NO LATER THAN MONDAY, SEPTEMBER 15, 2008**

**PLEASE TYPE OR PRINT CLEARLY**

**PRESENTER (Please attach a short curriculum vitae) SEE ATTACHED in separate email**

**Name** (highest degree and credentials) \_\_\_\_\_

**Position** \_\_\_\_\_

**Place of Work** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

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

**E-mail** \_\_\_\_\_

**Denomination** \_\_\_\_\_

**Member of:**  APC  ACPE  CAPPE/ACPEP  NACC  NAJC  CPSP  Other  
(check all that apply)

**Membership Category** \_\_\_\_\_ **Member Join Date** \_\_\_\_\_

**What are your strengths as a presenter in this field?**

*Relevant training, experience as a presenter, expertise in field, etc.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL PRESENTERS (Please attach a curriculum vitae for each co-presenter)**

**Co-Presenter – 1**

**Name** (highest degree and credentials) \_\_\_\_\_

**Place of Work** \_\_\_\_\_

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

**E-mail** \_\_\_\_\_

**Denomination** \_\_\_\_\_

**Member of:**  APC  ACPE  CAPPE/ACPEP  NACC  NAJC  CPSP  Other  
(check all that apply)

**Membership Category** \_\_\_\_\_ **Member Join Date** \_\_\_\_\_

**Co-Presenter – 2**

**Name** (highest degree and credentials) \_\_\_\_\_

**Place of Work** \_\_\_\_\_

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

**E-mail** \_\_\_\_\_

**Denomination** \_\_\_\_\_

**Member of:**  APC  ACPE  CAPPE/ACPEP  NACC  NAJC  CPSP  Other  
(check all that apply)

**Membership Category** \_\_\_\_\_ **Member Join Date** \_\_\_\_\_

**\*\*Please complete both pages of this application\*\***

**WORKSHOP DETAILS**

1 Workshop Title: \_\_\_\_\_

Workshop

2 Level:  Basic  Intermediate  Advanced

Workshop

3 Format:  Lecture  Interactive  Panel  Hands-On  Other \_\_\_\_\_

4 Workshop Length:

Have you presented or co-presented at a previous conference?  Yes  No

Where? \_\_\_\_\_ Year(s) of \_\_\_\_\_

5 This workshop presentation reflect aspects of more than one culture and/or religion? If so, please name and explain:

\_\_\_\_\_  
\_\_\_\_\_

If no, will your presentation be respectful of other religious and cultural traditions? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

**\*WORKSHOP REQUIREMENTS\***

\*The information below **MUST** be completed. Incomplete fields will disqualify the Workshop Proposal Form.\*

1. Preferred Maximum Number of Attendees: # \_\_\_\_\_

. Conference presenters will NOT receive an honorarium for their presentation.

*In order to be considered for presenting at the Mid-South Fall Pastoral Care Institute 2008 the statement below MUST be initialed.*

Initial below

If selected to present, I understand that I will not receive any monetary compensation.

**THE FOLLOWING MUST BE COMPLETED AND ALSO PROVIDED BY E-MAIL**

**Workshop goals and descriptions will appear in the conference brochure and are subject to final editing.**

**Workshop Goals – Limit 3 goals.** As a result of this workshop, participants will:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Description – Limit 75 words.** Workshop description should not repeat goals. \_\_\_\_\_

➤The completed Workshop Proposal Form **MUST** be e-mailed to [aahenager@uams.edu](mailto:aahenager@uams.edu),  
AND to [LWhitaker@NW-Health.com](mailto:LWhitaker@NW-Health.com)

Fax: 501-296-1072; Snail Mail: Chaplain Al Henager, UAMS, 4301 W. Markham, #561, Little Rock, AR 72204-7199