

2024 SUMMER INSTITUTE



THRIVING
THROUGH
CONNECTION &
COMMUNITY

CPTS Washington

Community Partnership for Transition Solutions

TUESDAY & WEDNESDAY, JULY 30-31, 2024

PRESENTER APPLICATION: ABSTRACT SUBMISSION FORM

Due: 03/15/2024

Speaker Information

Name: _____ Email Address: _____

Organization: _____

Will there be additional presenters?

Yes

No

Name & Email Addresses of Additional Presenters:

Presentation Information

Presentation Title: _____

Presentation Type

Workshop

Keynote/Plenary

Target Audience: _____

Level of Audience Content Knowledge

Beginning (no prior knowledge needed)

Intermediate (some prior knowledge of the topic)

Advanced (content for those with an advanced understanding of the topic)

Which topic(s) does your presentation address?

Peer Support and Workforce

Health and Wellness

Re-Entry Roadmap (See conceptual road map on pg. 3)

Other: _____

What is your preferred presentation date?

Day 1: 7/30

Day 2: 7/31

No preference

Learning Objective: What should attendees take away from your presentation? (300 characters)

Please include a short description of your presentation that we may include in the program: (100 characters)

Abstract Text: Please limit your abstract to 1000 words (10,000 characters) or less, including spaces.

Please detail any audiovisual requirements or equipment you may need for your presentation.

I agree to allow CPTS to post my presentation materials on the conference website in a PDF format.

- Yes
- No

I agree to have my presentation videotaped, audio recorded, and/or photographed.

- Yes
- No

Please provide any additional comments or questions you may have here.

Conceptual Road Map to Thriving:

