

# 2021 Meeting of the Minds Conference Workshop Proposal

We are very happy to have you as a considered presenter for the Mental Health Association of Orange County's Annual Meeting of the Minds mental health conference on May 13, 2021.

**Please complete the information below:**

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

Proposed Workshop Speaker(s): \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

***Please attach a current recent curriculum vitae or resume for each proposed speaker. Proposals will not be considered unless attached.***

## **PART ONE: PRESENTATION OBJECTIVES**

What are the measurable behaviors that the workshop attendee will demonstrate or achieve?  
*Typically, objectives can be identified phrased as such, "At the end of the presentation, the attendee will be able to "identify," "describe," list," "explain," "demonstrate":*

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

**PART TWO: SCHOLARSHIP/EMPIRICAL BASIS**

***THIS SECTION MUST BE COMPLETED IF THE TARGET AUDIENCE OF YOUR WORKSHOP IS LICENSED PROFESSIONALS. THE INFORMATION IS REQUIRED FOR CEU CONSIDERATION. YOUR WORKSHOP SHOULD BUILD ON THEIR FORMAL EDUCATION.***

Please list 3-5 studies published within the past 5 years in peer reviewed journals on which your presentation is based:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

**PART THREE: SUPPLEMENTAL MATERIALS**

Do you have a more in-depth description of the content, an outline of the presentation, or perhaps handouts? Please provide below, or attach additional information

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All proposals will be submitted to the planning committee for their consideration.

For further information, call: (714) 547-7559

Completed forms should be returned to the Meeting of the Minds Committee:

Email: [presnall@mhaoc.org](mailto:presnall@mhaoc.org)

Secure E-Fax: (714) 640-5767

Mail: 1971 E. 4<sup>th</sup> Street, Suite 130A, Santa Ana, CA 92705