

Presentation Proposal Form
Survival: Meeting the Challenges in Behavioral Health Care
1999 U.S. Army Behavioral Science Postgraduate Short Course

DEADLINE DATE FOR RECEIPT OF ALL SUBMISSIONS IS 15 March 1999.

PRINCIPAL PRESENTER:

NAME _____ RANK _____

POSITION _____

Status (circle): AD Civilian Reserve Contract In Training? Yes No

Specialty (circle): Psychiatry Psychology Social Work Other: _____

Highest Academic Degree: _____

Duty Mailing Address: _____

Preferred Mailing Address: _____

Duty Phone: DSN: _____ **Comm:** _____ **FAX:** _____

Preferred e-mail Address (required): _____

(for communication uses (e.g. receipt, acceptance, scheduling of presentations))

PRESENTATION TITLE: _____

Type of Presentation:

_____ Workshop (1 hour 30 minutes - an in-depth presentation on a given topic)

_____ Paper Session (1 hour - lecture format - presentation of a paper)

_____ Poster (a visual display describing a project)

Audio-Visual Requirements (please circle ONLY those items which you require, to limit costs).

Only these items will be provided. Any additional equipment (to include computer data display equipment) must be provided by presenters if desired.

Overhead Projector Slide Projector 1/2" VCR Flip Chart

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Title of Presentation

Name(s) Affiliations of Presenter(s)

Educational Objectives (Must include at least one military unique objective)

- 1.
- 2.
- 3.
- 4.

Abstract (Maximum 300 Words)