

# Peer Pathways Conference

## Workshop Proposal Application

Completed applications MUST be received by March 8th, 2021

*Peering into the future* Peer Pathways 6<sup>th</sup> Annual Conference is looking forward to reviewing your proposal. Thank you for applying. Please get your proposal in early so we can give it adequate time for review.

Application Checklist: Please check each item to ensure a complete application. The Conference Committee will also consider this to be an acknowledgment that you understand the terms of submission. Please feel free to email Michelle Tinkler at [Michelle.Tinkler@wsu.edu](mailto:Michelle.Tinkler@wsu.edu), if you have questions or need clarification.

### I understand that:

	A fully completed & signed application
	There is a limit of 3 presenters for each workshop
	I am submitting a proposal for the 2021 PPC and I understand that my proposal may not be chosen
	Each presenter (up to the limit of 2) will receive a complimentary registration and one night of hotel accommodations; travel expenses and per diem are not included
	If selected, my workshop will follow the original (or edited) description as it appears in the printed & online programs
	Applications must be received by March 8th, 2021

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**Workshop Title**

**Focus area, learning objectives & goals of presentation**

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**Workshop Description/Abstract (300 words max)**

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**Does your presentation require audio/visual equipment?** Please note that speakers must provide their own laptop.

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	LCD Projector/Screen
<input type="checkbox"/>	Flip chart/markers
<input type="checkbox"/>	Sound patch for audio

**Peering into the future Peer Pathways Proposal Application is Intended Level/Audience of Presentation:**

<input type="checkbox"/>	General Behavioral Health Topic that advances Peer Support
<input type="checkbox"/>	Beginning Certified Peer Counseling Practice
<input type="checkbox"/>	Advanced Peer Practice

**Presenter 1:**

Name		Pronouns	
Address		City	Zip
Phone		Email	
Organization			

**Certified Peer Counselor, Recovery Coach, or a person that identifies as living in recovery from a behavioral health challenge?**

<input type="checkbox"/>	<b>Yes</b>
<input type="checkbox"/>	<b>No</b>

**Biography**

**One credible reference regarding experience in presenting and/or facilitating workshops, seminars, or other presentations**

**Presenter 2:**

Name		Pronouns	
Address		City	Zip
Phone		Email	
Organization			

**Certified Peer Counselor, Recovery Coach, or a person that identifies as living in recovery from a behavioral health challenge?**

<input type="checkbox"/>	<b>Yes</b>
<input type="checkbox"/>	<b>No</b>

**Biography**

**One credible reference regarding experience in presenting and/or facilitating workshops, seminars, or other presentations**

**Presenter 3:**

<b>Name</b>		<b>Pronouns</b>	
<b>Address</b>		<b>City</b>	<b>Zip</b>
<b>Phone</b>		<b>Email</b>	
<b>Organization</b>			

**Certified Peer Counselor, Recovery Coach, or a person that identifies as living in recovery from a behavioral health challenge?**

<input type="checkbox"/>	<b>Yes</b>
<input type="checkbox"/>	<b>No</b>

**Biography**

**One credible reference regarding experience in presenting and/or facilitating workshops, seminars, or other presentations**