New England Region of AMTA
Spring Conference
Water's Edge Resort and Spa
Westbrook, CT
April 3-5, 2014

New England Region
American Music Therapy Association

Proposals are due by **November 15, 2013** to Meg Capen at meg.capen@gmail.com Please send one complete proposal using the NER Conference Proposal Form as the cover page. Include all the information listed below as well as the completed Proposal Form. If mailing, please include four additional copies of the information requested below with no identifying information in order to facilitate a blind review.

A. Title/Abstract (50 word maximum for abstract; appropriate for inclusion in conference program)
B. Learner Objective(s) (include 1 or more learner objectives to be addressed through this presentation)
C. Description (300 word maximum providing sufficient information concerning the proposal for reviewers to evaluation its suitability for this year's conference)
D. Target Audience (Students, Entry Level Professionals or Experienced Professionals)

Students may submit proposals, however please note that NER AMTA conference is a professional music therapy conference and therefore practicing professionals who are submitting proposals will be considered first. If there are spaces available, student proposals will be considered. Students wishing to present may want to consider sending proposals to the "Passages" conference, offered annually in New England.

Please note: Presenters are responsible for session expenses such as handouts and personal expenses such as travel, hotel and conference registration fees.

If submitting more than one proposal, presenters are asked to indicate which of their proposals is their **1st, 2nd or 3rd choice**, as there is often not room/time for presenters to present on multiple topics.

Electronic submission by 11/15/13 is preferable to
meg.capen@gmail.com
If mailing, please submit 5 copies postmarked by November 15, 2013
to Meg Capen, 57 Walnut St., Torrington, CT 06790

NER CONFERENCE PROPOSAL FORM

TITLE OF PRESENTATION: (Maximum of 12 words)

PRESENTER INFORMATION

Complete the following information for each presenter. Copy and paste the titles as needed. The contact person should be listed first.

NAME: CREDENTIALS:
ADDRESS:
EMAIL: PHONE NUMBER:

FOCUS OF TOPIC (check all that apply)

[ ] Client Population_____
[ ] Education and Training
[ ] Research (Quantitative/Qualitative)
[ ] Professional Issues
[ ] Public Relations
[ ] Clinical Techniques _____
[ ] Technology
[ ] Clinical Case Study
[ ] Legislation
[ ] Membership Issues

FORMAT (check all that apply)

[ ] Didactic (oral presentation
[ ] Experiential
[ ] Panel Discussion/Round Table
[ ] Discussion/Work Group

PREFERRED LENGTH OF SESSION

[ ] 60 minutes [ ] 90 Minutes [ ] 3-hour **CMTE** [ ] 5-hour **CMTE**

TARGET TRACK (check only one)

[ ] Assessment [ ] Clinical [ ] Research
[ ] Theory [ ] Music Skills [ ] Professional Topics

AUDIO-VISUAL, INSTRUMENTS AND OTHER NEEDED EQUIPMENT

*****The conference committee requests that you first make an effort to provide your own equipment. Presenters are asked to provide their own speakers for audio components of their presentations.**

SPECIAL ROOM REQUIREMENTS/SET-UP, AUDIENCE SIZE LIMITATIONS

PRESIDER INFORMATION (not required but strongly encouraged)

NAME: CREDENTIALS:
ADDRESS:
EMAIL: PHONE NUMBER:

ALL CMTE PROPOSALS--Please include the following information:

- Outline of how time will be allocated, including topics and teaching methods
- List 2-3 references which are relevant to the content of the presentation
- Presenter(s) resume/curriculum vita
- Mini-biography 30 words or less, per person

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