

**2004 NAMI CALIFORNIA Annual Conference
Workshop Proposal Form
Changing Times, Changing Minds – NOW!**

Important Information for Workshop Presenters

NAMI California's Annual Conference will take place at the San Francisco Airport Marriott, Burlingame, CA on August 13 & 14, 2004. Workshops will be presented both days.

This form must be complete. The Workshop Committee will review only completed forms. Forms must be received by April 30, 2004. Any additional information that may be helpful to the review process can be attached.

Family members who present workshops pay registration. Consumers who are workshop participants do not pay registration and are given a complimentary lunch on the day of presentation only.

TV/VCRs and LCD projectors cannot be provided because of their rental expense. Presenters are allowed to bring in their own LCD projectors (without charge), and presenters may rent TV/VCR equipment from the hotel. Handouts are encouraged and are to be provided by presenters. **ANY EQUIPMENT NEEDS MUST BE SUBMITTED ON THIS FORM. EQUIPMENT WILL NOT BE ADDED AFTER WORKSHOP IS APPROVED.**

It is the responsibility of the person submitting a workshop proposal to assure that each participant named in the proposal agrees to be in the workshop. If the Workshop proposal is accepted by NAMI California, it is the responsibility of the person submitting the proposal to notify the workshop participants.

Speakers are responsible for their own hotel and travel expenses and arrangements. You will receive a response by June 18, 2004.

1. Workshop Title:

2. Why should this topic be presented at The NAMI CA Conference?

3. Please provide a workshop description of 40 words or less. If your workshop is accepted, this description may be printed in the program. *(Please print or type)*

4. Speakers: Maximum of four (4) presenters

a) Name: _____

Professional Title: _____

Street: _____

City, State, Zip _____

Phone: _____

E-Mail: _____

Brief Biographical Sketch:

(add separate sheets if needed)

c) Name: _____

Professional Title: _____

Street: _____

City, State, Zip _____

Phone: _____

E-Mail: _____

Brief Biographical Sketch:

(add separate sheets if needed)

b) Name: _____

Professional Title: _____

Street: _____

City, State, Zip _____

Phone: _____

E-Mail: _____

Brief Biographical Sketch:

(add separate sheets if needed)

d) Name: _____

Professional Title: _____

Street: _____

City, State, Zip _____

Phone: _____

E-Mail: _____

Brief Biographical Sketch:

(add separate sheets if needed)

5. Will equipment be required? No Yes

(If yes please list equipment below. NAMI California cannot pay for LCD projectors or TV/VCR's)

This Workshop was submitted by:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____

Fax: _____ Email: _____

PLEASE COMPLETE AND RETURN THIS FORM BY APRIL 30, 2004 TO:

Zima Khanna
NAMI California
1111 Howe Avenue, Suite 475
Sacramento, CA 95825

ALL FORMS MUST BE RECEIVED BY APRIL 30, 2004