



**The National Association of
Therapeutic Wilderness Counselors**
(formally the National Association of Therapeutic Wilderness Camping)

A Call for Papers

for the

2011 National Conference

September 18 – 20, 2011
Opryland Hotel
Nashville, TN

If you are interested in presenting at our 2011 NATWC National Conference:

Please complete this **application in its entirety**, including the following:

- ❑ Enclose an abstract of 300-500 words prepared specifically for this request of papers. Indicate whether the presentation will be clinical, theoretical, or research based.
- ❑ Please e-mail a brief summary (100 words or less) to sandyschmiedeknecht@gmail.com. Should your presentation be accepted, this description will be used in our conference materials.
- ❑ Enclose a copy of your curriculum vitae or resume, including a short (4-6 line) biographical statement. This will be used for our application to continuing education provider organizations. Please attach this sheet to the front of your abstract and personal information. This is to include what qualifies you to make the presentation.
- ❑ Enclose a list of prior presentations to conferences for the last two years.

Please note:

- ❑ Presentations will be limited to one or two speakers / authors, unless it is a panel format. Presentations will be forty-five minutes in length.
- ❑ Designate a primary author in your proposal. Only that person will receive communication from NATWC and will then be responsible for informing any co-presenters. (pg. 4)

I, _____, acknowledge that I have submitted all of the requested items, as listed above.

I further acknowledge that as a presenter, I agree to bear my own expenses including accommodations for the conference. However, I will receive one-half off the registration fee for presenting.

Deadline for receipt of proposals is June 30, 2011.

Proposal acceptance or denial will be communicated by July 15, 2011.

Please submit copies of this document, the abstract, and your curriculum vitae to:

Sandy Schmiedeknecht
NATWC Conference Chair
PO Box 593
Davis, WV 26260

(304) 642-9047 (phone)

(304)-259-2270 (fax)

sandyschmiedeknecht@gmail.com

NATWC 2011 National Conference Presentation Proposal

Topic Tracks

The NATWC Conference Committee requests submissions that will fall into specific interest areas within one of four tracks.

Please specify the interest area of your presentation (*please check only one*):

- Residential
 - Children & Adolescent
 - Young Adults
- Wilderness / Outdoor
- Transitions/Aftercare

Within the above interest areas, please specify the track of your presentation (*please check only one*):

- Academic
These presentations will be directed toward educators responsible for the academic environment at your program.
- Administrative
These presentations will be directed toward executive directors, program directors, and others who are involved in the leadership of a program.
- Clinical
These presentations will be geared to clinical directors, primary therapists, recreation therapists, substance abuse counselors, and others who are involved in addressing clinical concerns.
- Direct Care
These presentations will be geared to direct care staff, outdoor and/or boarding school who are involved with the direct care of students/clients in these settings.
- Transition
These presentations will address the needs for successful transitions home and/or to other programs or schools and will be directed toward clinical directors, therapists, and others who are involved in ensuring a successful transition from their program.

Title of Presentation:

Have you presented, or do you plan to present, this particular topic at another conference?

- Yes
- No

If yes, please list:

Conference: _____ Date: _____
Conference: _____ Date: _____

NATWC 2011 National Conference Presentation Proposal

Name of Primary Presenter: _____
(Please include all appropriate degrees and certifications.)

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Additional Presenter: _____
(Please include all appropriate degrees and certifications.)

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Topic Addressed: _____

Base: _____ Clinical _____ Theoretical _____ Research

Three Teaching Goals:

1. _____

2. _____

3. _____

Provide two true/false or multiple choice questions participants will be able to answer if they are attending your presentation

1. _____

2. _____

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***Presenters are responsible for providing the following:**

- Copies of handouts for distribution
- Laptop
- LCD Projector
- Flip Chart

Room Setup: Please specify: _____

*we can not guarantee but will make every effort to accommodate your room setup preference.

Questions may be directed to
Sandy Schmiedeknecht, Conference Chair: 304-642-9047
or email sandyschmiedeknecht@gmail.com