



CTRA 2019 ACLT

Call for Presentations

**Canadian Therapeutic Recreation Association 23rd Annual Conference
June 19th – 21st, 2019 ~ Quebec City, Quebec, Canada**

The Quebec Therapeutic Recreation Network and the Canadian Therapeutic Recreation Association (CTRA) are proud to host the 23rd Annual CTRA Conference. This conference will provide the opportunity to connect, network, learn and re-ignite your TR passion. Please join us next summer in beautiful Quebec City, Quebec!

CONFERENCE THEME: Discovering Joie de Vivre à Découvrir

The 2019 Conference Committee invites students, educators, practitioners and allied health professionals to submit presentation proposals relevant to evidence based best practices, innovative programs, assessment, facilitation techniques, interventions, management issues, theories/models, research, and other strategies that advance and develop the practice of the therapeutic recreation profession relating to our theme. Interprofessional team and other collaborative approaches for presentations are encouraged.

NOTE: Presenters are responsible for their own meals, accommodation, transportation, CEU fees and registration (at a reduced speaker rate).

Email submissions by midnight EST Friday, Nov. 23, 2018

Thank you for your interest in presenting at the Canadian Therapeutic Recreation Association's 23rd National Conference. Speakers will be notified by email after February 1st, 2019

PLEASE SUBMIT YOUR PROPOSAL ELECTRONICALLY AT:

<http://canadian-tr.org/professional-development/ctra-call-for-presentations/>



Canadian Therapeutic Recreation Association
Association Canadienne de Loisir Thérapéutique

Email us at conference@canadian-tr.org or follow us on Facebook at CTRA conference 2019

For conference information visit <https://canadian-tr.org/>

Instructional Methods:

- Lecture*
- Discussion*
- Debate*
- Panel*
- Experiential/Interactive*
- Other* _____

Presentation Format:

- Panel Discussion:** Examination of specific topic/issue-1 facilitator and ___ panel members-specify (60 or 90 minutes)
- Lecture:** Educational presentation with questions and answer time at the end (60 or 90 minutes)
- Research:** 20 minute presentation with 5 -10 minute question and answer time at the end (30 minutes)
- Interactive:** Experiential, participatory, facilitative, activities, exercises, outdoor education (60 or 90 minutes)

Presentation Length: 30 min (Research Only) 60 min 90 min Half Day 3-4 hrs Full Day 6-8 hrs

Competency Area of Topic: Foundation Knowledge (FKW) Documentation (DOC) (NCTRC Job Code Content Area) Assessment Process (ASS) Administration of RT/TR Service (ADM) Implementation (IMP) Advancement of the Profession (ADV)

Target Audience: Student Practitioner Supervisor Researcher/Educator Other (please specify) _____

Language: English French Presentations will be made in language proposal is submitted.

Audio-Visual Equipment Needs: Other equipment must be provided by the presenter.

- Computer PowerPoint Projector Screen Flip Chart Microphone

Special Requests: List any special requests you may have for your presentation (e.g., set up time needed, noise volume of presentation, ideal time of day, room arrangement, activity space required, expected fees if any, limit to the number of participants, etc.)

For office use only:	
Date received: _____	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Session #: _____	Day: _____ Time: _____
Type of Presentation: <input type="checkbox"/> Pre-conference <input type="checkbox"/> Workshop <input type="checkbox"/> Panel <input type="checkbox"/> Lecture <input type="checkbox"/> Research <input type="checkbox"/> Interactive	
<input type="checkbox"/> Poster	
Confirmation Sent: _____	Agreement Returned: _____

Speaker Information

- Please include information for all speakers who will be presenting your session; use additional paper if needed.
- Confirmation of session acceptance and all correspondence will be sent to the primary speaker listed below.

Primary Speaker:

Name: _____ Title: _____

Agency: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Educational Background and Credentials: _____

Has this speaker presented before? Yes No On this topic? Yes No

Please provide the name and email of two references who can verify subject/speaker competency:

Name of Reference 1 _____ Email _____

Name of Reference 2 _____ Email _____

Biography Summary of Primary Speaker: This biography will be used for the conference program.

Additional Speaker:

Name: _____ Title: _____

Agency: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Educational Background and Credentials: _____

Has this speaker presented before? Yes No On this topic? Yes No

Please provide the name and email of two references who can verify subject/speaker competency:

Name of Reference 1 _____ Email _____

Name of Reference 2 _____ Email _____

Biography Summary of Additional Speaker: This biography will be used for the conference program.

Please E-mail Maximum 2 page vitae or resume