

Celebrating Seventy Years Together:
Honoring the Past, Treasuring the Present, Shaping the Future

MISSISSIPPI COUNSELING ASSOCIATION CONFERENCE

November 11-13, 2020 at Silver Star Resort Philadelphia, MS

CALL FOR PROGRAMS

Deadline: May 15, 2020

Acceptance Status returned by July 15, 2020

All proposals must be submitted electronically on this form.

Incomplete applications will not be accepted.

Join us in proposing techniques, skills, and methods that
instill hope and promote change.

**Program proposals are encouraged to provide best practices
and relevant research in the counseling profession.**

INFORMATION FOR PRESENTERS:

1. The program chairperson is responsible for:
 - A. Coordinating the program
 - B. Communicating details of accepted presentation (time, date, etc.) with co-presenters
2. Using content sessions to market commercial products is prohibited.
3. Presenters may submit no more than two proposals.
4. Co-presenter information must be included at the time of the proposal submission, and co-presenters must register for the conference just as the chairperson. Changes will not be made after the submission date.
5. All lead presenters must be active members of Mississippi Counseling Association and register for the conference.
6. All presentations must use technology equipment provided by MCA. Please bring your presentation on a flash drive or memory stick.

**The Program Chairperson must submit a one-page vita with this
Call for Programs in order for the proposal to be considered.**

SUBMIT PROPOSALS TO:
mccallforprograms@gmail.com

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TITLE OF PROGRAM:

LEARNING OBJECTIVES: (Please list three)

- 1.
- 2.
- 3.

PROGRAM RATIONALE (Maximum 300 words):

PROGRAM SUMMARY (Maximum 60 words):

All content sessions will be one hour.

Please select one conference track:

- General Track (relevant for all) Play Therapy Track
 Clinical Counseling Track School Counseling Track

PROGRAM CHAIRPERSON INFORMATION

(Chairperson must be a current MCA member and must be present during session. Make sure you include all professional designations for presenter and for co-presenters. Only designations included in this form will be listed on the program.)

Name:

Institution/Organization:

Address (Include City, State, & Zip):

Phone:

Email Address:

Co-Presenter Information for Program (list all co-presenters):

*Graduate student proposal must be supervised by student's advisor.

Signature of Supervising Faculty Advisor _____

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MCA USE ONLY

Program #	Room Name & Number	Date	Time	Other