



INVITATION FOR PARTICIPATION

Autism Spectrum Disorders State Conference 2010: A Framework for Success: Supporting Individuals on the Autism Spectrum

Want to share your expertise?

The Autism Spectrum Disorders Network is planning the 2010 State Conference, scheduled on April 8th and 9th, 2010 at the Holiday Inn & convention center, in Kearney NE.

We are accepting proposals for 90-180 minute sessions addressing the implementation of evidence-based practices for students on the autism spectrum. Proposals should include a description of how your presentation will provide practical strategies and ideas through case studies, video review, demonstrations, and hands on opportunities.

If you are interested in submitting a proposal, please complete the attached form and return it by **December 21st, 2009**. After receiving all proposals, we will review the variety and topics and let you know by **January 15th 2010**, if your proposal has been accepted. One supplementary page may be included with the form if additional space is needed.

If selected, conference costs, including registration, lodging, mileage, and one stipend of \$100.00 **per presentation**, will be provided for the lead presenter. Complimentary registration for a maximum of 2 additional co-presenters will be provided.

Your ASD Network regional coordinator may provide you with additional information regarding your possible presentation topic and involvement at the conference. Thank you in advance for your dedication to and participation in ASD Network activities. We look forward to receiving your presentation submission.

Sincerely,

The Nebraska ASD Network

Presentation Information

Autism Spectrum Disorders State Conference 2010

Holiday Inn & convention center, Kearney Nebraska

April 8th and 9th, 2010

Presenter Information:

Name:	
Home Address:	
Work Address:	
Home Phone:	
Work Phone:	
E-mail:	
Credentials:	<input type="checkbox"/> BA/BS <input type="checkbox"/> MS/MA <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other _____
Format of Presentation:	<input type="checkbox"/> Experiential <input type="checkbox"/> Lecture <input type="checkbox"/> Panel
Level of Presentation	<input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

Interest Area (you may select more than one):

- Early Childhood
- Elementary Transition
- Secondary Other _____

Please list any times you are unable to present:

April 8th:

April 9th:

Please provide the information below:

Presentation Title:	
Participant Outcomes (please list 3-5 presentation objectives):	1. 2. 3. 4. 5.
Proposal Summary (please provide a 50 word presentation summary, which will be included in the Conference Proceedings)	

Please select your presentation length:

90 min. 180 min. (choose one)

Presenter Biography (please include a bio for all presenters):

Media you will use (videos, hands-on activities, make-and-take, live demonstration, etc.)

Please describe AV equipment needed:

Overhead Projector IBM compatible computer TV VCR DVD
 Macintosh Computer LCD Projector Other _____

If selected, you will be asked to provide your own laptop for the presentation.

*Please return completed form to:
awragge2@unl.edu (preferred method)

Or by mail to:
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