**2019 AADSM** **Annual Meeting**

June 7-9, 2019 **•** San Antonio, Texas

Due Date: December 3, 2018

1. **Type of Proposal**

Indicate the type of proposal you are submitting by selecting one of the options below.

Workshop  Symposium  Discussion Group

1. **Session Title**

Provide a session title in the space below.

1. **Target Audience**

Indicate which education level applies to the presentation.

Beginner Intermediate Advanced

Provide any additional information of the audience for which the presentation is intended in the space below.

1. **Learning Objectives**

List 3-4 learning objectives of the session.

1.

2.

3.

4.

1. **Content**

Describe the content that will be covered during the session in the space below with a 500-word limit.

1. **Need**

Explain how the session will contribute positively to the 2019 AADSM Annual Meeting and why this format is the best venue for the presentation in the space below.

1. **Biographical Data/Conflict of Interest Form:**

Each speaker must submit a brief bio and a completed conflict of interest form (available online at www.aadsm.org/proposal) to disclose any significant relationships with relevant commercial companies via fax to Beverly Basit, at (630) 686-9876.

1. **Presenter Agreement Release:**

Each speaker must complete the presenter agreement release (available online at www.aadsm.org/proposal) and fax it to Beverly Basit at (630) 686-9876.

1. **Speaker Information**

Each session is limited to the following number of speakers:

Workshops: Maximum of 2 speakers

Symposium: Maximum of 2 speakers

Discussion Group: Maximum of 3 speakers

**Complete the following information for each speaker:**

**Speaker #1:**

Full Name:        Session Chair (Check box if speaker is the session chair)

Professional Certification(s):       Affiliation:

Street Address:

City:      State:      Postal Code:      Telephone:

Fax Number:      E-mail Address:

Membership Status:  AADSM Member  Nonmember

Speaker’s Presentation Title (not applicable to discussion groups):

**Speaker #2:**

Full Name:        Session Chair (Check box if speaker is the session chair)

Professional Certification(s):       Affiliation:

Street Address:

City:      State:      Postal Code:      Telephone:

Fax Number:      E-mail Address:

Membership Status:  AADSM Member  Nonmember

Speaker’s Presentation Title (not applicable to discussion groups):

**Speaker #3:**

Full Name:        Session Chair (Check box if speaker is the session chair)

Professional Certification(s):       Affiliation:

Street Address:

City:      State:      Postal Code:      Telephone:

Fax Number:      E-mail Address:

Membership Status:  AADSM Member  Nonmember

Speaker’s Presentation Title (not applicable to discussion groups):

Submit to: Beverly Basit at bbasit@aadsm.org