

# **CALL FOR PROGRAMS**

**Illinois Psychological Association  
2018 Annual Convention**

*Move Forward:  
Practice\_science\_training\_service@IPA2018*

**Thursday, Friday and Saturday  
October 25 - 27, 2018**

**Marriott Schaumburg Hotel  
Schaumburg, Illinois**

**Program Committee Chair: Lynda Behrendt, Psy.D.**

**Committee Members: Jeremy Bidwell, Ph.D.; Denise Casey, Psy.D.;  
Patricia Farrell, Ph.D.; Daniel Kegan, J.D., Ph.D.; Theresa Schultz, Ph.D.**

**Mail, Fax or email by June 1, 2018**

**to**

**Illinois Psychological Association Convention  
67 East Madison Street Suite 1817  
Chicago, Illinois 60603  
Fax: 312-372-6787  
[mkarey@illinoispsychology.org](mailto:mkarey@illinoispsychology.org)**

You are invited to submit a proposal for the 2018 Annual Convention of the Illinois Psychological Association to be held October 25-27, 2018. Psychologists are now taking advantage of technology to improve their practices. They are also looking for innovative practice tools, ways to make an impact on social issues, and ways to advance their careers. We therefore invite program proposals relevant to these topics that educate and prepare psychologists to streamline their practices, improve the treatment of adults, children and families, serve the community, and promote diversity.

## Please Complete and Return

1. **Chairperson of Program** (The Chair and all presenters must submit a one-page vita/resume demonstrating experience and/or training in the topic of the program. *(All future contact will be made with the Chair only.)* The program chair must be an IPA member. Panels are limited to 4 people.

NAME: \_\_\_\_\_

INSTITUTION NAME or PRIVATE PRACTICE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

PHONE Number Cell and Office: \_\_\_\_\_

2. **Program Title** (Titles longer than 10 words will be shortened)

3. **Program Length:**

- 1.5 hours  
 3 hours\*

4. **Program Type** (check one)

- SYMPOSIUM** 1 TO 4 EXPERTS (INCLUDING Chair) **present a topic** for 1.5 or 3.0 hours.\*
- PAPER** Presentation on a selected topic for 1.5 or 3.0 hours.\*
- CONVERSATION** 1 TO 3 Experts (including Chair) **lead a discussion** and questions/answer session on their field of expertise for 1.5 or 3.0 hours.\*

**\*Please Note: 3.0 hour time slots are limited. 1.5 hour programs are preferred. The program committee reserves the right to limit programs to 1.5 hours if time is limited.**

1. **Other Program Participants:** Please attach a document with the names, degrees, mailing addresses, email addresses and telephone numbers of additional presenters.
2. **Description of Program/Paper:** Submit an abstract of the proposed program. (typed, double spaced, 50 words or less—abstracts longer than 50 words will not be accepted). If chosen, this description will be used in the Convention Brochure.
3. **Learning Objectives:** In order to qualify for APA Continuing Education Credits your program must list learning objectives that we will place on your program evaluation form. Please list two learning objectives for a one-half hour program and 3 learning objectives for a three hour program.
4. **Reference List:** In order to qualify for APA Continuing Education Credits your program must list 5 or more citations (which supports accuracy of presented material).

### 5. Audio Visual Equipment or Presentation Equipment

*Choice of equipment must be made with the proposal. We cannot accommodate requests made immediately before the program start time. Each program room will also be set with a speaker's table and podium with microphone.*

IPA will provide an LCD Projector and screen for PowerPoint presentations at no charge to the presenter. IPA does not provide laptops. If additional equipment is required it is the responsibility of the presenter to inform IPA (See additional equipment below). IPA cannot accommodate requests made immediately before the program starts.

I will need an LCD Projector and Screen (**you must bring your own laptop**)

Please check:  I will be using a PC  I will be using a MAC (please bring your own adaptor)

Please check: My laptop display port is  VGA  HDMI

If your PowerPoint presentation requires sound. This could incur addition charges not paid by IPA. Please contact the IPA office (312-372-7610 x201).

I do not require any audio visual equipment.

If any additional equipment (i.e., Flip Charts, easel DVD player/monitors) is needed, you will need to contact the hotel's audiovisual department directly at 847-240-0100 to make arrangements and to set up billing.

6. **IPA Membership Status:**  Full Member  #Affiliate  #Student

***The Program Chair must be an IPA member***

## Program Proposal “Check List”

- |   |  |
|---|--|
| <input type="checkbox"/> Chairperson Resume.        | <input type="checkbox"/> 50 Word Abstract    |
| <input type="checkbox"/> Program Title              | <input type="checkbox"/> Learning Objectives |
| <input type="checkbox"/> Length                     | <input type="checkbox"/> Reference List      |
| <input type="checkbox"/> Type                       | <input type="checkbox"/> Equipment Needed    |
| <input type="checkbox"/> Other Participants Resumes | <input type="checkbox"/> Members Status      |

- I agree to present if the program is accepted by the Committee.
- I agree that my presentation will abide by the APA Ethical Principles of Psychologists and Code of Conduct.
- I agree that I will register for the convention if I plan to attend programs other than my own.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Return This Form and Supporting Documents  
by June 1, 2018**

to:

**IPA Convention Committee  
67 E. Madison Street  
Suite 1817  
Chicago, Illinois 60603  
Fax: 312-372-6787**

**If you have any questions, please  
call: (312) 372-7610 Ext. 201**