

PROPOSALS DUE MAY 31, 2012



**SCARRD BY
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BY HOPE**

30TH ANNUAL ST. LOUIS COUNTY HEALTH & HUMAN SERVICE CONFERENCE

Monday-Tuesday ✨ October 8-9, 2012
at the DECC ✨ Duluth, Minnesota
www.stlouiscountymn.gov/hhsconference

The 2012 St. Louis County Health & Human Service Conference draws together 2,000 health and human service practitioners from the public and private sectors for two days of training and networking. We feature 130 exhibits.

Who you will be training:

The target audiences for the presentations include social workers, public health practitioners, financial workers, clerical staff, social service specialists, child support officers, managers, directors, county commissioners, boards of directors, trainers, human service advocates, supervisors, volunteers, attorneys, foster parents, child care providers, nurses, psychologists, case aides, probation officers, chaplains, parish workers, and pastors.

To submit a proposal, please follow the format provided on the other side. Proposals are due by **Thursday, May 31, 2012**. Presenter proposals will be reviewed by the Program Conference Committee, and presenters will be notified of their acceptance by the end of June.

Mail, fax or email this form to:

Mary Bridget Lawson
Government Services Center
320 West Second Street, Room 605
Duluth, MN 55802-1495

We're looking

for health and human service presentations that will:

- ✨ enhance the knowledge, skills, and abilities of those working in health and human services
- ✨ impart new information
- ✨ share promising strategies, tools and best practices
- ✨ depict creative programs and services
- ✨ increase cultural competency
- ✨ demonstrate innovative ideas/solutions about what's possible
- ✨ provide advanced training to challenge the experienced health & human service professional
- ✨ provide hope and light in these times
- ✨ envision "what might be"

Call: [218] 726-2140
Fax: [218] 726-2093
e-mail: lawsonm@stlouiscountymn.gov

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Presenter Form

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This form is also available electronically:
www.stlouiscountymn.gov/hhsconference

Proposal Submitted by

Name _____
Title _____ Degree _____
Agency _____
Address _____
City/State _____ Zip _____
Phone _____ E-mail _____

Session Title: _____

Please write a BRIEF (100 words or less) synopsis for the conference brochure that fits in this space

Presentation Method

Please indicate your preference: Workshop [1.5 hour] Institute [3.5 hour]
VCR needed? yes no DVD needed? yes no
PC projector needed? yes no Overhead projector needed? yes no
We will provide flipchart, screen and microphone for each room. **Laptops not provided.**

Co-Presenters (Panel presentation? Please limit to no more than 5 people)

Name _____ Phone _____
Title _____ Degree _____
Agency _____
Name _____ Phone _____
Title _____ Degree _____
Agency _____

All presenters will receive a waiver of registration fees. One parking pass will be sent to the submitter of the presentation proposal. As the submitter of this proposal, please confirm the name, professional degree, and current title for each presenter.

Submitter signature

Date