

2009 Adolescent Sexuality Conference

Today's Youth – Tomorrow's Voice

April 6-7, 2009

Seaside, Oregon

PRESENTATION PROPOSAL FORM

(Please type or print legibly)

PRESENTER _____

Title _____ **Employer** _____

(Please list exactly as it should appear in the final program)

Mailing Address _____

City _____ **State** _____ **Zip** _____

Home Telephone _____ **Work** _____ **Fax** _____

Email _____

CO-PRESENTER _____

Title _____ **Employer** _____

(Please list exactly as it should appear in the final program)

Mailing Address _____

City _____ **State** _____ **Zip** _____

Home Telephone _____ **Work** _____ **Fax** _____

Email _____

TITLE OF PRESENTATION: _____

Presentation Description

Please write a few sentences describing your presentation for the conference program.

If accepted, you will receive notification by 12/12/08.

NO SALES AT WORKSHOPS. ITEMS MAY BE SOLD THROUGH AN EXHIBIT BOOTH ONLY

Workshop Presenters are responsible for their own travel, lodging, and other related conference expenses, *including reproduction of handouts*. Complimentary registration will be offered to **one presenter per workshop**; discounted registration will be offered to one co-presenter and youth presenter(s). Some scholarships may be available for youth presenters. Submitting a proposal signifies willingness and availability to offer the workshop at any time on Monday, April 6th or Tuesday, April 7th. Most sessions will be 1½ hours in length. Presenters are expected to provide sufficient quantities of handout materials for session attendees.

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Submit **NO LATER THAN November 25, 2008** to:
Adolescent Sexuality Conference 2009
Aylett Wright, Planned Parenthood of the Columbia/Willamette
2330 NE Division Street, Suite 7
Bend, OR 97701

Phone: 541-317-9388 X2950 Fax: 541-389-0850 E-mail: Aylett.wright@ppcw.org
(Electronic submissions preferred)

PRESENTATION DESCRIPTION

Information requested is to ensure the content and scope of presentations reflects the theme and objectives of the Adolescent Sexuality Conference. Please identify the appropriate boxes.

Check Area(s) Presentation Addresses (Please check no more than 2 categories)

- Positive Youth Development
- Defining Healthy Relationships
- Adolescent Brain Development
- Positive Sexual Expression
- Program Design and Delivery
- GLBTQ
- Drugs, Addiction & Adolescent Development
- Mental Health Issues and Resources
- Sexual Coercion and Relationship Violence
- Capacity Building
- Homelessness, Poverty
- Juvenile Justice System
- Obesity & Adolescents
- Peer / Teen Leader Programs
- Partnerships, Collaborations
- Serving Diverse Populations
- Sexual Health
- Racial/Ethnic Concerns in sexual health
- Sexual Health in the age of AIDS and other STDs
- Physical, Emotional, Spiritual and Cognitive Sexual Health
- Other _____

Primary Intended Audience (Please check only one box)

- Youth
- Providers
- Educators
- Parents
- Community Members
- All Conference Attendees

Presentation Techniques (please check one box)

- Lecture
- Interactive
- Panel
- Youth will participate as presenters
- Extended Learning Block Session (3 hour)

Presentation Emphasis (please check one box)

- Research and Trends
- Practical Application
- Skill Building
- Program Design

Presentation Abstract: Presentation abstracts (250 words or fewer) should include a brief bio of presenter(s), general overview of content and description of how session reflects the conference theme. (Please Attach)

Learning Objectives: Identify knowledge or skills that the participant will gain as a result of attending your workshop. List three learning objectives.

- 1)
- 2)
- 3)