



*American Music Therapy Association
Mid-Atlantic Regional Chapter*

Delaware • D.C. • Maryland • New Jersey • New York • Pennsylvania • Virginia • West Virginia

**CALL FOR PAPERS
MUSIC THERAPY CONFERENCE 2011**

*Saratoga, NY
March 31 – April 2, 2011*

Preliminary Information:

- Please determine whether you want to present a CMTE course (5 hour length) or a Concurrent Session (50 or 100 minute length). The form you will use is identical, but you will send the information as follows:
 - CMTE:** send materials **only** to Tracy Souhrada (Regional CMTE Coordinator)
MusTher513@aol.com
40 Seafield Lane
Bay Shore, New York 11706
 - Concurrent Session:** send materials **only** to Nina Galerstein (VPCP)
nina.galerstein@state.de.us
28996 Mystic Lane
Millsboro, Delaware 19966
- The session proposals for both concurrent sessions and CMTE's should be sent by e-mail, if possible, but can also be sent by postal mail. Concurrent sessions will be subject to blind review in both formats (CMTE's do not go through blind review, so send full information, one copy). Here is the procedure for concurrent sessions only:
 - By E-Mail:** send the complete information and form (parts A-F will be used for blind review)
 - By Postal Mail:** send the complete information as an original. Send 3 additional copies for blind review with *only* parts A-F)

Timelines, Discounts and Other Information:

- **Deadlines For Presenter Discounts:**
(Discounts are only for concurrent sessions as CMTE presenters receive a stipend).
Deadline #1 October 15, 2010 - \$35.00 discount off of registration fee
Deadline #2 November 1, 2010 - \$25.00 discount off of registration fee
After November 1, 2010 - No Discount.
*** *Final Cut Off Date For Proposals:* this will be announced on the website and in the MAR newsletter (Tuning in to RxMusic). **Session proposals sent after this date will not be considered.**



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- **Submission Deadlines:** Submissions sent via e-mail must arrive before midnight on the deadline date. Submissions on paper must be postmarked with the deadline date. (It is strongly recommended that you don't wait until the last minute as time postings on the internet can be unreliable). **Incomplete submissions will not be accepted.**
- **Presenter Discounts:** Only on-time proposals will be eligible for the presenter's discount. Presentation must be accepted for the program to be eligible for discount. **Note that there is only one discount per presentation.** Also note that if you present more than once, you only receive one discount. (Again, discounts are only for concurrent sessions as CMTE presenters receive a stipend).
- **Meetings and other requests for scheduling rooms:** The Vice President for Conference Planning will schedule two MAR and two Student Business meetings, the Pre-Conference Executive Board Meeting., and the state meetings. All other requests for space must be made in writing to the VPCP by November 30, 2010. Requests will be honored on a space-available basis.

The Session Proposal:

****By submitting a proposal, you are agreeing to present at any time during the conference at which your presentation is scheduled.**

This proposal has two parts: the first section, and the form which follows. Please remember that the first part relates to the program and blind review:

- A. Full Title/Abstract (3-4 line description of your presentation, appropriate for the conference program)
- B. Learner Objective(s) include 2 or more learner objectives to be addressed through this presentation.
- C. Description (300 word maximum providing sufficient information concerning the proposal for reviewers to evaluate its suitability for this year's conference).
- D. Bibliography (5-10 references that are relevant to the content of this presentation)
- E. Target Audience- Students, Entry Level Professionals, or Experienced Professionals
- F. Key Words- List one or more key words that denote the main topic(s) of the presentation.



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G. Presenter Name(s), Credentials, and Affiliations.

H. Mini-Biography of Presenter(s) (30 words max)

I. Past Presentations- List 1-3 recent related presentations/publications by this presenter, if applicable.

MAR CONFERENCE PROPOSAL FORM

(please use this form for both CMTE proposals and concurrent session proposals)

TITLE OF PRESENTATION

(12 words max)

NAME(S), CREDENTIALS, ADDRESS(ES), PHONE NUMBER(S) OF PRESENTERS

NAME OF CONTACT PERSON (INCLUDE PHONE AND EMAIL ADDRESS)

FOCUS OF TOPIC (Check all that apply): Client Population(s) _____

Education and Training

Technology Clinical Techniques _____ Professional Issues

Legislation Public Relations Membership Issues

Research (Qualitative/Quantitative) Clinical Case Study

FORMAT (Check all that apply) Didactic (oral presentation) Experiential

Panel Discussion/Round Table

Discussion/Work Group

PREFERRED LENGTH OF SESSION (CONCURRENT SESSION ONLY): 50 minutes 100

(reminder: CMTE sessions are 5 hours – if your proposal is for a CMTE, you do not need to choose a time frame).

TARGET TRACK (Check only one) Assessment Clinical

Research Professional Topics Theory Music Skills

HAVE YOU EVER PRESENTED THIS MATERIAL AT A CONFERENCE BEFORE? WHEN & WHERE?

(Please note: prior presentation of material will not preclude inclusion)



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AUDIO-VISUAL AND OTHER NEEDED EQUIPMENT (includes all AV, flip charts, instruments, etc):

I have equipment needs: ____no ____yes (a form will be sent to you with specific questions). Please remember to be conservative – renting equipment can be expensive.

SPECIAL ROOM REQUIREMENTS, AUDIENCE SIZE LIMITATIONS, OR OTHER REQUESTS (e.g., room with permanent walls for sessions using louder instruments, isolated room for quieter sessions, etc. Please be specific). Please note we will have theater style seating unless otherwise requested. _____

NAME, ADDRESS, EMAIL, AND CREDENTIALS OF PRESIDER (not required, but encouraged).

ARE YOU INTERESTED IN FACILITATING A ROUNDTABLE DISCUSSION?

Yes No

IF YES, ON WHICH TOPIC Education Training Client Population _____

Legislation Membership Issues Public Relations Research

Professional Issues Clinical Techniques _____ Technology

SIGNATURE: _____ **DATE:** _____