

7th Annual Mid-Atlantic Region Passages Conference
Passages 2010: Your Stepping Stone

A Music Therapy Conference for Students & New Professionals
in the Mid-Atlantic Region of the American Music Therapy Association

Saturday, November 6, 2010
Slippery Rock University
Slippery Rock, PA
9am – 5pm

Proposal Submission Form

Deadline Postmarked by **September 1, 2010**

Please send the following:

- Two (2) copies of the complete Proposal Submission Form
- Eight (8) copies of sections A-C only (in these 8 copies, do not include identifying information such as your name and contact information).

Please comply with copyright regulations when planning your presentation. Thank you.

Presentations are 70 minutes total (including 10 minutes for questions and feedback)

- A. TITLE OF PRESENTATION** (*12 words maximum*)
- B. ABSTRACT** (*50 words maximum – appropriate for inclusion in conference program booklet*)
- C. DESCRIPTION** (*300 word maximum*) – provide sufficient information concerning the proposal for the reviewers to evaluate its suitability for this year's conference.
- D. BIBLIOGRAPHY** (3 – 10 references that are relevant to the content of the presentation)
- E. PRESENTER'S NAME AND AFFILIATIONS** – Please list your credentials as you would like them to appear in the program.
- F. CONTACT INFORMATION** – Name, address, telephone, fax, and email of contact person (*one of the presenters*)
- G. MINI-BIOGRAPHY** – of presenters, including school, internship and/or work site (*30 word maximum per person*)
- H. FORMAT** (*Check One*)
- Paper** – Oral presentation of written material.
 - Panel/Symposium** – Group of individuals speaking on facets of the same topic.
 - Roundtable** – Informal presentation(s) with organizer(s) engaging all those attending the session in group discussion.
 - Workshop** – Individual(s) engaging participants in a process to gain experience and mastery over the material covered.
 - Poster Session** – Groups and/or individuals presenting information concerning research projects via poster display. Charts, visual aids, and abstracts are used to convey information concerning the research data.
 - Other** – Please specify:
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I. FOCUS OF TOPIC (*Check One*)

<input type="checkbox"/> Client Population	<input type="checkbox"/> Education & Training
<input type="checkbox"/> Clinical Techniques	<input type="checkbox"/> Professional Issues
<input type="checkbox"/> Research (qualitative/quantitative)	<input type="checkbox"/> Musical Technique Workshop
<input type="checkbox"/> Clinical Case Study	<input type="checkbox"/> Struggles & Questions
<input type="checkbox"/> Tools For Job or Internship Search	<input type="checkbox"/> Other – Please specify: _____

J. A/V – An overhead projector/screen, laptop projector/screen, TV with VCR, CD player, and audiocassette player may be provided in each session room at no cost to presenters.

Presenters must supply their own laptop computer. Additional audio-visual equipment rental is the responsibility of the presenters.

Please check all that apply:

<input type="checkbox"/> Overhead projector/screen	<input type="checkbox"/> TV with DVD
<input type="checkbox"/> Laptop projector/screen	<input type="checkbox"/> CD player
<input type="checkbox"/> TV with VCR	<input type="checkbox"/> Audiocassette player

J. INSTRUMENTS – A limited number of drums and percussive instruments will also be available. The presenter must provide any additional instruments (including guitar) or supplies required.

Please specify if instruments are needed:

K. RELEASE – Are release forms required of participants in case of potential harm arising from an experiential presentation? (*Check one*)

- Yes
 No

M. By submitting a proposal, I am agreeing to present at any time during the conference at which my presentation is scheduled.

Signature: _____ Date: _____

The Conference Program Committee will review proposals and the contact person will be notified by early September as to the status of the proposal. Additional information will be sent to those presenting after that time. If you have any questions, please contact us at passages@mar-amta.org

**Send to: MAR Passages
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Slippery Rock, PA 16057
Or Email to: passages@mar-amta.org**