



2022 Annual HOPE Conference  
*“Rising with Hope, Building a New World:”*  
 Revolutionizing Systems, Reimagining Wellness & Rebuilding Community

**PRESENTATION PROPOSAL FORM**  
**DEADLINE: January 10, 2022**

To submit a proposal for a workshop at the 2022 HOPE Conference on May 18 at the Augusta Civic Center, please fill out this form **COMPLETELY** or provide all requested information using another format of your choice. (This form can be typed in using Microsoft Word, or you may print it out and fill in by hand.) All of the information is necessary for consideration of your proposal and preparing the conference brochure and program. Use the info at the end of the form to submit by email, fax, or mail. Please note that a \$100 stipend and free registration is provided to all presenters/panelists. Thank you!

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|--|---------------|-------------|
| <b>Name:</b>   | <b>Email:</b> |             |
| <b>Address:</b>  | <b>Phone:</b> |             |
| <b>City:</b>   | <b>State:</b> | <b>Zip:</b> |
| <b>Co-Presenters/Panelists:</b>  |               |             |
| <b>Brief Bio Sketch:</b> <i>(Short self-description for the conference brochure that may include things like work or volunteerism, activities, family, things you like, education, certifications, etc., to give people an idea who you are and why you're presenting the workshop.)</i> |               |             |
| <b>Why would you like to do a presentation at the HOPE Conference?</b>   |               |             |
| <b>Name of Presentation:</b>   |               |             |
| <b>Brief Description of Presentation for the Brochure:</b> <i>(Write a clear description, so people can decide if they want to attend your workshop. What is it about? What will they learn? Why should they come? What should they expect?)</i>   |               |             |
| <b>Please indicate the topic track for your presentation:</b> <i>(See Call for Presentations Information document.)</i><br><input type="checkbox"/> Revolutionizing the System <input type="checkbox"/> Reimagining Wellness <input type="checkbox"/> Rebuilding Community               |               |             |
| <b>List 2-3 Learning Objectives:</b> <i>(Specific things your workshop will focus on for people to learn about.)</i><br>1)<br>2)<br>3)   |               |             |
| <b>Would you like to limit the number of seats available in your workshop?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, the limit is: _____   |               |             |

**Please describe your workshop in the space below.** *(It is helpful to plan out a step-by-step outline of what will be presented with a brief description of each item.)*

**Please return this completed form** no later than **JANUARY 10<sup>th</sup>** to Simonne Maline, preferably by email: [smaline@maineccsm.org](mailto:smaline@maineccsm.org). You may print out/fill it in by hand and fax to 207-430-8301 or mail to: CCSM, 219 Capitol Street, Suite #7, Augusta, ME 04330.