

**FEATURE PRESENTATION**

**Proposal Submission Form**

# 2017 FWATA Annual Meeting & Clinical Symposia

**July 12 - 16, 2016 · Kona, HI**

Complete the Submission Form by providing requested information in the text fields. Please refer to *Feature Presentation Guidelines* for information regarding this format. Submit proposal in Word format.

Submit (email) completed Submission Form and all required materials to:

Kristine Boyle-Walker, MPT, OCS, ATC, CHT

Education Program Chair

KLBOYLEWALKER@gmail.com

Title of Presentation:

 Speaker 1:

 Sub-Title of presentation:

 Presentation Length:       min

 Speaker 2:

 Sub-Title of presentation:

 Presentation Length:       min

 Speaker 3:

 Sub-Title of presentation:

 Presentation Length:       min

**NOTE:** *Total length of session is 2 hours: 1hour 45min of lecture and 10min for question & answer time.*

Domain(s) of Athletic Training: select all that apply to the proposed presentation

 [ ]  I – Injury/Illness Prevention and Wellness Protection

 [ ]  II – Clinical Evaluation and Diagnosis

 [ ]  III – Immediate and Emergency Care

 [ ]  IV – Treatment and Rehabilitation

 [ ]  V – Organizational and Professional Health and Well-Being

Educational Level of Presentation: identify educational level for *overall* presentation

 [ ]  Essential [ ]  Advanced [ ]  Mastery

Abstract (100 words or less):

Outline of Session

Learning Objectives: provide a minimum of three (i.e., *“Attendees will be able to … identify…explain…define…”*)

 1.

 2.

 3.

 4.

 5.

Purpose, Knowledge, Competency or Performance Gap Addressed by the Session

Expected Outcomes

Educational Materials Offered to Participants (outline, notes, PowerPoints, etc.)

References/sources: list 3-5 sources used in development/support of the content of the presenation. Utilize format as described in the *Journal of Athletic Training* authors’ guide:

<http://www.nata.org/sites/default/files/JAT-Authors-Guide-2010.pdf>

 1.

 2.

 3.

 4.

 5.

Speaker Information (required for **each** speaker):

 Name & Credentials:

 Title or position:

 Place of employment:

 Address:

 Email:

 Work Phone:       Cell phone:

 NATA Member: [ ]  Yes [ ]  No NATA Member #:

***Attach CV (word document or pdf) with Submission Form***

 Name & Credentials:

 Title or position:

 Place of employment:

 Address:

 Email:

 Work Phone:       Cell phone:

 NATA Member: [ ]  Yes [ ]  No NATA Member #:

***Attach CV (word document or pdf) with Submission Form***

 Name & Credentials:

 Title or position:

 Place of employment:

 Address:

 Email:

 Work Phone:       Cell phone:

 NATA Member: [ ]  Yes [ ]  No NATA Member #:

***Attach CV (word document or pdf) with Submission Form***

Proposals must be submitted no later than **September 1, 2016**.

Incomplete (e.g., missing speaker CV, outline) and/or late proposals will NOT be accepted.

**Thank you for your submission!**