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Pennsylvania Counseling Association (PCA)

10-19-2007

# 2007-10-19 PCA 39th Annual Conference Registration Form

Pennsylvania Counseling Association

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# 2007 Call for PROGRAMS 39th Annual PCA Conference "Promoting the Art and Science of Professional Counseling" October 19 - 21, 2007

## Penn Stater Conference Center Hotel State College, PA

NOTE: Please provide <u>all requested information on this proposal form</u>. Please <u>do not use</u> "attachments" in lieu of a completed proposal form. Send the original proposal plus one copy. Two copies of a "brief"/one page vita/resume for each presenter must be included. The vita/resume should include presenter name, address, phone, e-mail, fax <u>plus</u> recent work experience, educational history, and professional contributions such as publications and/or presentations. Incomplete proposals may not be considered. <u>Proposals must be postmarked by June 2, 2007.</u>

This program is being submitted as a												
Learning Institute (4 hours) - an in-depth workshop designed to enhance participants' knowledge and skill												
A limited number will be selected.												
Learning Institute (8 hours) - an in-depth workshop designed to enhance participants' knowledge and sk												
A limited number will be selected.												
Power Education Session (3 hours) – traditional workshop												
Skill Development Research Power Education Session (75 minutes) – traditional workshop Skill Development Research Graduate Student Workshop (30 Minutes) – graduate student presentation of insights and expertise Poster Session (30 minutes) – two consecutive 30 minute presentations – using posters as a focal point to												
							organize a topic					
							Graduate Student Poster Session (30 minutes) – two consecutive 30 minute presentations – using posters a focal point to organize a topic					
PROGRAM TITLE: ( <u>Maximum</u> of 50 Characters and spaces)												
PROGRAM SYNOPSIS (FOR PUBLICATION IN THE CONFERENCE PROGRAM - 50 Word Maximum)												
LEAD PRESENTER (Contact Person):												
Name:												
Position:												
Business Address:												
Home Address:												
Home Phone:()Business Phone:)FAX: ()												
a mail												

PRESENTER II:				
Name:				
Position:				
Business Address:				
Home Address:	Business Phone:			
	Business Phone:		FAX: (	_)
(If there are additional pres	senters, please provide the sam	e information	for them on a separe	ate piece of paper.,
tion method (panel, lecture,	ON: goals; summary of information debate, demonstration, questic ecompanying AV, materials or t	on and answer	; media); relevance	to the conference
			4	
	RENCE ATTENDANCE:  [/we will attend the conference this program may be replaced in the conference in t			
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#### AUDIO VISUAL INFORMATION:

A flip chart and easel plus an overhead projector will be provided in each presentation room. <u>All other audio visual</u> needs will be the <u>responsibility of the presenter(s)</u>. Information about the availability of renting audio visual equipment from the Conference Center is available upon request. Presenters can also bring their own audio visual materials.

#### PROPOSAL SUBMISSION GUIDELINES

Submit two copies of this completed Call for Programs **plus** two copies of each presenter's brief vita/resume postmarked by Monday, June 2, 2007 to:

Dr. Shon D. Smith, Conference Chair,

Edinboro University of Pennsylvania,

310 Scotland Lane, 315 Butterfiled Hall,

Edinboro, Pennsylvania 16444

Proposals in Microsoft Word format will be accepted by e-mail to conference@pacounseling.org.

ACCEPTANCE NOTICES WILL BE MAILED BY July 5, 2007 to the Lead Presenter Only

**PCA** 

Pennsylvania Counseling Association

www.pacounseling.org

# 39th Annual PCA Conference

# "Promoting the Art and Science of Professional counseling"

# October 19 - 21, 2007

# Penn Stater Conference Center Hotel State College, PA

## Registration Information

Name:				
(First)	(La	st) (M.I.)		
Street Address:				
	(Cit	(State) (Zip Code)		
Daytime Phone: (	)	Evening Phone: ( )		
Email:				
PCA Membership #: _		Social Security #:		
SAVENOW		Payment Method		
PCA Members	Register Today	*Full payment must be enclosed or registration will not be processed*		
Professional [ ]	\$110.00	Mail registration form with check/money order payable to PCA/Pennsylvania Counseling Association to:		
Student [ ]	\$49.00	G		
Non-PCA Members	Register Today	PCA 2006 Conference c/o Dr. Shon D. Smith Edinboro University of Pennsylvania 305 Scotland Lane		
Professional [ ]	\$160.00	315 Butterfield Hall Edinboro, Pennsylvania 16444.		
Student [ ]	\$68.00			
For Office Use Only Processor:				
Date Rec'd:		Check #:		
Auth#:		Amount:		