

2020 Call for Session Proposals: 15-Minute Sample

General Information

Read more about this year's conference on the [conference website](#).

The deadline to submit all proposals is 11:59 PM ET on Wednesday, April 1, 2020.

Please be sure to review the [Call for Session Proposals Guidelines](#) prior to submitting a proposal. If you would like to preview the proposal form, you can download the 90-minute session, 15-minute session, or the poster session form individually as a PDF.

If you would like to save and continue your proposal submission later, please click the button at the top of the screen that says "Save and Continue Later," and enter your email address to have a link sent to you that will allow you to return to complete the proposal.

Only proposals submitted online through this form will be accepted.

Session Type

- **Interactive poster session** features research, either completed or a work in progress. At least one representative of the featured organization or project must be present during the session to present their research and engage with attendees. Review the poster design tips for further information.
- **90-minute sessions** feature an individual, group, or panel presentation on skills building relevant to programmatic experiences, research, innovation, leadership development, organizational sustainability, advocacy, policy, or procedures.
- **15-minute sessions** are perfect for sharing information focused on a topic, program, policy, research, best practice, tool, or resource. Presenters will be limited to five slides or visuals in the presentation, and do not need to build in time for questions or evaluation.

Identify the session type: *

Healthy Teen Network reserves the right to change the type of session.

- Poster Session
- 90-minute Session
- 15-minute Session

If you are not selected for your preferred type of session, identify the other session types you are willing to present: *

Select all that apply.

- Poster Session
- 90-minute Session
- 15-minute Session
- I am not willing to present a different type of session.

15-minute Session Presenter Contract

This portion of the submission form must be completed by the lead presenter on behalf of all the presenters. Please complete this contract by checking the boxes next to the statements, then signing your full name below.

I understand and agree, that if my proposal is selected by Healthy Teen Network...*

- My session must abide by [Healthy Teen Network Guiding Principles](#).
- I must refrain from mentioning, selling, or promoting any products or services that would result in financial gain for me or my company unless I have disclosed my interests on my faculty disclosure. I will also inform the audience of my interests before commencing with my session. Products and services include, but are not limited to, curricula, program models, books, consulting, special reports, DVDs, webinars, memberships, and subscriptions.
- I must refrain from discussing fees/fee ranges of my products or services during my session. In the event that a participant asks for this information during a session, Healthy Teen Network suggests offering to answer the question after the close of the session.
- I, the lead presenter, am the primary contact for this session.
- I must notify Healthy Teen Network **within 30 days** of confirming my participation regarding any circumstances that prohibit me from presenting at the annual conference. Failure to show-up for my scheduled session without notifying the program planner within 24 hours of cancellation will prohibit me from presenting at Healthy Teen Network events for two years following the “no show.”
- I must register and pay for the conference by **July 31, 2020**. Healthy Teen Network cannot offer an honorarium or pay travel, per diem, or lodging expenses. Healthy Teen Network extends a discount on conference registration to lead presenters only.
- I must notify Healthy Teen Network of any changes to the information contained in this session proposal form (e.g., presenter change, AV support, etc.) by **August 31, 2020**.
- Healthy Teen Network will provide wireless internet, an easel with an easel pad, markers, projector, screen, a presenter remote, and laptop speakers for all workshop sessions, as well as a microphone and/podium in rooms large enough to warrant the need.
- Laptops will NOT be provided.** I must bring a laptop if I intend to display a presentation on the projection screen. If I bring an Apple laptop, I must bring my own adapter to connect to the projector. Healthy Teen Network will NOT be able to provide one for me.

- Additional AV support may be requested using this form, to be provided at my own expense.
- I will NOT be able to make AV support changes to the session after **August 31, 2020**.
- I must provide Healthy Teen Network with electronic copies of slides and handouts by **October 1, 2020**, regardless of whether I choose to share these materials on the conference app.
- If I wish to share any paper copies of session materials with workshop attendees, I am responsible for providing copies. Healthy Teen Network will not print or copy my materials.
- Healthy Teen Network may include any of the information provided in this session proposal in the promotional materials for this conference and reserves the right to edit that information.
- Healthy Teen Network reserves the right to reject any session proposal at its discretion.

I have read and agree to abide by the Healthy Teen Network Presenter Contract. I understand that, should my session proposal be selected for inclusion in this conference, my electronic signature below indicates my willingness to present, and failure to adhere to these guidelines may result in the cancellation of my session, as well as restriction from presenting at a future Healthy Teen Network conference. *

(Use the cursor to sign the Presenter Contract electronically and type your name in the box below.)

Sign name using mouse or touch pad

Signature of

Lead Presenter Information

Please type your name and organization as you would like it to appear in the conference app, if your session is accepted.

First Name *

Last Name *

Credentials *

Presenters' credentials are required as part of our Continuing Education Unit applications. Please select all that apply.

- | | | | | | |
|---|--------------------------------|---------------------------------|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> CSE | <input type="checkbox"/> FNAP | <input type="checkbox"/> LMSW | <input type="checkbox"/> MHS | <input type="checkbox"/> PGCE |
| <input type="checkbox"/> ANEF | <input type="checkbox"/> CSHE | <input type="checkbox"/> FSAHM | <input type="checkbox"/> LPN | <input type="checkbox"/> MLIS | <input type="checkbox"/> PhD |
| <input type="checkbox"/> BA | <input type="checkbox"/> CVA | <input type="checkbox"/> HMA | <input type="checkbox"/> LSSGB | <input type="checkbox"/> MPA | <input type="checkbox"/> PNP |
| <input type="checkbox"/> BS | <input type="checkbox"/> DM | <input type="checkbox"/> ICPS | <input type="checkbox"/> LSW | <input type="checkbox"/> MPH | <input type="checkbox"/> PPS |
| <input type="checkbox"/> BSN | <input type="checkbox"/> DNP | <input type="checkbox"/> JD | <input type="checkbox"/> MA | <input type="checkbox"/> MPIA | <input type="checkbox"/> RN |
| <input type="checkbox"/> CHES | <input type="checkbox"/> DrPH | <input type="checkbox"/> LBSW | <input type="checkbox"/> MAT | <input type="checkbox"/> MPL | <input type="checkbox"/> RNBSN |
| <input type="checkbox"/> CLC | <input type="checkbox"/> EdD | <input type="checkbox"/> LCSW | <input type="checkbox"/> MBA | <input type="checkbox"/> MS | <input type="checkbox"/> ScD |
| <input type="checkbox"/> CLE | <input type="checkbox"/> EdS | <input type="checkbox"/> LCSW-C | <input type="checkbox"/> MCHES | <input type="checkbox"/> MSN | <input type="checkbox"/> WHNP-BC |
| <input type="checkbox"/> CNM | <input type="checkbox"/> Esq. | <input type="checkbox"/> LGSW | <input type="checkbox"/> MD | <input type="checkbox"/> MSW | <input type="checkbox"/> Other - Write In |
| <input type="checkbox"/> CPH | <input type="checkbox"/> FAAN | <input type="checkbox"/> LLPC | <input type="checkbox"/> MDiv | <input type="checkbox"/> NBCT | <input type="text"/> |
| <input type="checkbox"/> CPS | <input type="checkbox"/> FAANP | <input type="checkbox"/> LMFT | <input type="checkbox"/> MEd | <input type="checkbox"/> NP-BC | |

Organization *

Please do not abbreviate or use acronyms. What is entered here will be used to on the conference app.

Work Email *

Work Phone *

Alternate Communication Method *

Email

Mobile Phone

About the Lead Presenter *

Please provide a brief summary about lead presenter to be published on the conference app. (100-word minimum. 500-word maximum.)

Attach Lead Presenter Resume or Curriculum Vitae *

Only PDF documents 2MB or smaller accepted.

Browse...

2. Attach Lead Presenter headshot/photo to be used on the conference app. *

Only png, gif, jpg, or jpeg files 2MB or smaller accepted. **Images must be a minimum size of 500 x 500 pixels.**

Browse...

Do you have a co-presenter? *

This does not include youth presenters. Youth presenter information will be requested separately.

Yes

No

Co-Presenter Information

Please type your name and organization as you would like it to appear in the final text of the conference app, if your session is accepted.

Co-Presenter First Name *

Co-Presenter Last Name *

Co-Presenter Credentials *

Presenters' credentials are required as part of our Continuing Education Unit applications. Please select all that apply.

- | | | | | | |
|---|--------------------------------|---------------------------------|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> CSE | <input type="checkbox"/> FNAP | <input type="checkbox"/> LMSW | <input type="checkbox"/> MHS | <input type="checkbox"/> PGCE |
| <input type="checkbox"/> ANEF | <input type="checkbox"/> CSHE | <input type="checkbox"/> FSAHM | <input type="checkbox"/> LPN | <input type="checkbox"/> MLIS | <input type="checkbox"/> PhD |
| <input type="checkbox"/> BA | <input type="checkbox"/> CVA | <input type="checkbox"/> HMA | <input type="checkbox"/> LSSGB | <input type="checkbox"/> MPA | <input type="checkbox"/> PNP |
| <input type="checkbox"/> BS | <input type="checkbox"/> DM | <input type="checkbox"/> ICPS | <input type="checkbox"/> LSW | <input type="checkbox"/> MPH | <input type="checkbox"/> PPS |
| <input type="checkbox"/> BSN | <input type="checkbox"/> DNP | <input type="checkbox"/> JD | <input type="checkbox"/> MA | <input type="checkbox"/> MPIA | <input type="checkbox"/> RN |
| <input type="checkbox"/> CHES | <input type="checkbox"/> DrPH | <input type="checkbox"/> LBSW | <input type="checkbox"/> MAT | <input type="checkbox"/> MPL | <input type="checkbox"/> RNBSN |
| <input type="checkbox"/> CLC | <input type="checkbox"/> EdD | <input type="checkbox"/> LCSW | <input type="checkbox"/> MBA | <input type="checkbox"/> MS | <input type="checkbox"/> ScD |
| <input type="checkbox"/> CLE | <input type="checkbox"/> EdS | <input type="checkbox"/> LCSW-C | <input type="checkbox"/> MCHES | <input type="checkbox"/> MSN | <input type="checkbox"/> WHNP-BC |
| <input type="checkbox"/> CNM | <input type="checkbox"/> Esq. | <input type="checkbox"/> LGSW | <input type="checkbox"/> MD | <input type="checkbox"/> MSW | <input type="checkbox"/> Other - Write In |
| <input type="checkbox"/> CPH | <input type="checkbox"/> FAAN | <input type="checkbox"/> LLPC | <input type="checkbox"/> MDiv | <input type="checkbox"/> NBCT | <input type="text"/> |
| <input type="checkbox"/> CPS | <input type="checkbox"/> FAANP | <input type="checkbox"/> LMFT | <input type="checkbox"/> MEd | <input type="checkbox"/> NP-BC | |

Co-Presenter Organization *

Please do not abbreviate or use acronyms. What is entered here will be used on the conference app.

Co-Presenter Work Email *

Co-Presenter Work Phone *

About the Co-Presenter *

Please provide a brief summary about co-presenter to be published on the conference app. (**100-word minimum. 500-word maximum.**)

Attach Co-Presenter Resume or Curriculum Vitae *

Only PDF documents 2MB or smaller accepted.

Browse...

3. Attach Co-Presenter headshot/photo to be used on the conference app. *

Only png, gif, jpg, or jpeg files 2MB or smaller accepted. **Images must be a minimum size of 500 x 500 pixels.**

Browse...

Do you have a third presenter? *

This does not include youth presenters. Youth presenter information will be requested separately.

Yes

No

3rd Presenter Information

Please type your name and organization as you would like it to appear in the final text of the conference app, if your session is accepted.

3rd Presenter First Name *

3rd Presenter Last Name *

3rd Presenter Credentials *

Presenters' credentials are required as part of our Continuing Education Unit applications. Please select all that apply.

- | | | | | | |
|---|--------------------------------|---------------------------------|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> CSE | <input type="checkbox"/> FNAP | <input type="checkbox"/> LMSW | <input type="checkbox"/> MHS | <input type="checkbox"/> PGCE |
| <input type="checkbox"/> ANEF | <input type="checkbox"/> CSHE | <input type="checkbox"/> FSAHM | <input type="checkbox"/> LPN | <input type="checkbox"/> MLIS | <input type="checkbox"/> PhD |
| <input type="checkbox"/> BA | <input type="checkbox"/> CVA | <input type="checkbox"/> HMA | <input type="checkbox"/> LSSGB | <input type="checkbox"/> MPA | <input type="checkbox"/> PNP |
| <input type="checkbox"/> BS | <input type="checkbox"/> DM | <input type="checkbox"/> ICPS | <input type="checkbox"/> LSW | <input type="checkbox"/> MPH | <input type="checkbox"/> PPS |
| <input type="checkbox"/> BSN | <input type="checkbox"/> DNP | <input type="checkbox"/> JD | <input type="checkbox"/> MA | <input type="checkbox"/> MPIA | <input type="checkbox"/> RN |
| <input type="checkbox"/> CHES | <input type="checkbox"/> DrPH | <input type="checkbox"/> LBSW | <input type="checkbox"/> MAT | <input type="checkbox"/> MPL | <input type="checkbox"/> RNBSN |
| <input type="checkbox"/> CLC | <input type="checkbox"/> EdD | <input type="checkbox"/> LCSW | <input type="checkbox"/> MBA | <input type="checkbox"/> MS | <input type="checkbox"/> ScD |
| <input type="checkbox"/> CLE | <input type="checkbox"/> EdS | <input type="checkbox"/> LCSW-C | <input type="checkbox"/> MCHES | <input type="checkbox"/> MSN | <input type="checkbox"/> WHNP-BC |
| <input type="checkbox"/> CNM | <input type="checkbox"/> Esq. | <input type="checkbox"/> LGSW | <input type="checkbox"/> MD | <input type="checkbox"/> MSW | <input type="checkbox"/> Other - Write In |
| <input type="checkbox"/> CPH | <input type="checkbox"/> FAAN | <input type="checkbox"/> LLPC | <input type="checkbox"/> MDiv | <input type="checkbox"/> NBCT | <input type="text"/> |
| <input type="checkbox"/> CPS | <input type="checkbox"/> FAANP | <input type="checkbox"/> LMFT | <input type="checkbox"/> MEd | <input type="checkbox"/> NP-BC | |

3rd Presenter Organization *

Please do not abbreviate or use acronyms. What is entered here will be used on the conference app.

3rd Presenter Work Email *

3rd Presenter Work Phone *

About the 3rd Presenter *

Please provide a brief summary about lead presenter to be published on the conference app.
(100-word minimum. 500-word maximum.)

Attach 3rd Presenter Resume or Curriculum Vitae *

Only PDF documents 2MB or smaller accepted.

Browse...

4. Attach 3rd Presenter headshot or picture to be used on the conference app. *

Only png, gif, jpg, or jpeg files 2MB or smaller accepted. **Images must be a minimum size of 500 x 500 pixels.**

Browse...

Do you have any additional presenters? *

This does not include youth presenters. Youth presenter information will be requested separately.

Yes

No

Additional Presenter Information

Please provide any additional presenters' contact information here. All presenters will be recognized on the conference app. *

Please include first and last name, organization, credentials, and email address.

5. Attach brief "About the Presenter" summary for each additional presenter(s) to be used on the conference app.

Must be .doc or .docx file, max size 2MB. **(100-word minimum, 500-word maximum)**

Browse...

6. Attach Resume or Curriculum Vitae for any additional presenter(s). *

Only PDF documents 2MB or smaller accepted

Browse...

7. Attach additional presenter(s) headshot/photo to be used on the conference app. *

Only png, gif, jpg, or jpeg files 2MB or smaller accepted. **Images must be a minimum size of 500 x 500 pixels.**

Browse...

Youth Presenter Information

Do you have any youth presenters? *

Yes

No

Please provide all youth presenters' names and their affiliations (e.g., organization or school), as appropriate. *

8. Attach brief summaries about any youth presenter(s) to be used on the conference app. *

Only doc or docx files 2MB or smaller accepted.

Browse...

Attach youth presenter(s) headshot/photo to be used on the conference app. Photos are not required for youth. A group picture may also be used.

Only png, gif, jpg, or jpeg files 2MB or smaller accepted. **Images must be a minimum size of 500 x 500 pixels.**

Browse...

Session Information

Session Title: *

Note: Sessions with more descriptive and creative titles tend to attract more participants.

Session Description: *

We suggest including detailed information about the content, intended audience, and learning strategies (e.g., games, video, role play). Because this description will be included in the conference app for accepted session proposals, please write your session's description in a way that piques attendees' interest and provides a clear representation of what attendees may expect to learn or achieve during the session. **(150-word limit)**

The content of your session proposal is best described as: *

- Presenting foundational and core competencies.
- Building and expanding on core competencies.
- Introducing new or emerging concepts and ideas.

Is this session being supported by a federal grant/cooperative agreement/project? *

- Yes
- No

Grant Information *

Select the federal agency:
(Select all that apply)

- HHS Office of Population Affairs (includes the former Office of Adolescent Health)
- HHS Family and Youth Services Bureau
- CDC Division of Reproductive Health
- CDC Division of Adolescent and School Health
- Other - Write In

Please list the name(s) of the grant(s)/cooperative agreement(s)/project(s): *

Conference Tracks and Focus Areas

All sessions are categorized into tracks based on the content. [Review the track descriptions](#) and examples of sessions within each track from past Healthy Teen Network Conferences.

Identify the track relevant to the session: *

Hover your mouse over the tracks below and a short definition will appear.

- Innovation
- Research to Practice
- Advocacy & Social Change
- Foundations of Practice

Please explain how your session/poster fits the track you selected. *

Which of the following focus areas best describes the content of your session? *

(Select up to three focus areas.)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Capacity-Building Assistance | <input type="checkbox"/> Native Youth | <input type="checkbox"/> Sex-Positivity | <input type="checkbox"/> Youth Engagement |
| <input type="checkbox"/> Clinics | <input type="checkbox"/> Organizational Development | <input type="checkbox"/> Sustainability | <input type="checkbox"/> Youth in Systems of Care |
| <input type="checkbox"/> Collaboration | <input type="checkbox"/> Parents/Caring Adults | <input type="checkbox"/> Technology | <input type="checkbox"/> Youth with Disabilities |
| <input type="checkbox"/> EBI | <input type="checkbox"/> Pleasure | <input type="checkbox"/> Young Families | |
| <input type="checkbox"/> HIV/STI | <input type="checkbox"/> Rural | <input type="checkbox"/> Young Men | |
| <input type="checkbox"/> LGBTQ+ | <input type="checkbox"/> Schools | <input type="checkbox"/> Youth 360° | |

Evidence, Innovation, & Youth 360°

Healthy Teen Network promotes [evidence-based approaches](#), [innovation](#), and a holistic approach we call [Youth 360°](#). Please refer to these links for full explanations. You may also hover your mouse over the words below and a short definition will appear.

Is your session content evidence-based? *

- Yes
- No

Please explain why or why not. *

(300-word limit)

Is your session content innovative? *

- Yes
- No

Please explain why or why not. *

(300-word limit)

Is your session content holistic (Youth 360°)? *

- Yes
- No

Please explain why or why not. *

(300-word limit)

Does your session reflect the conference theme, *Un/Filtered: Sexuality in the Connected Age*? *

- Yes
- No

Please explain why or why not. *

(300-word limit)

15-Minute Session Content

Please tell us more about your proposed 15-minute session. Include one learning objective and a detailed outline about the content and materials you plan to present.

Note: Due to the nature of the 15-minute session format, you will be limited to five slides or visuals in your presentation. Presenters will be held to strict 15-minute time limits for these sessions. Presenters **do not** need to build in time for questions or evaluation (session facilitators will manage these portions of the session).

Learning Objective: *

By the end of this presentation, participants will be able to

Please provide a detailed outline about the content and materials you plan to present. *

Please provide the name of any/all curricula and programs, that will be included in the session, as well as the corresponding website links. *

Upload supporting materials, including any evaluation studies that are related to the curricula and program. *

Only PDF documents 1MB or smaller accepted. You may upload up to 10 documents.

Browse...

Presentation Chronicle

Have you or your co-presenter(s) presented at a Healthy Teen Network Conference in the past three years? If yes, please indicate the year(s) below. If no, please check the corresponding response. *

- October 28-30, 2019, in New Orleans—*SEX+: A Sexual Health Revolution*
- October 22-24, 2018, in San Diego—*Standing Strong and Keeping Youth at the Center*
- October 2-4, 2017, in Baltimore—*Social Norms & Culture: Honoring Experiences & Perspectives*
- I/we have not presented at a Healthy Teen Conference in the past three years.

Have you or your co-presenter(s) presented, or plan to present, this session/poster anywhere other than our conference between October 2019 and October 2020? *

- Yes
- No

Please provide the date(s) and title(s) of the event(s). *

Are you willing to share your session materials with conference attendees and Healthy Teen Network members? *

- Yes
- No

Room and AV Set-up

All workshops will be placed in a classroom-style setting.

Healthy Teen Network reserves the right to change the room set-up based on room size and the number of participants.

AV Support

The following will be provided at no additional cost to you:

- Basic wireless internet;
- LCD projector, screen, speakers for a laptop, and a presenter remote;
- An easel with an easel pad and markers; and
- Microphone and/or podium *in rooms large enough to warrant the need.*

Do you require additional AV support? *

Healthy Teen Network can help arrange for additional AV support, **to be provided at your expense**. We will contact you with cost information after the session proposal is accepted.

- No, I do not require additional AV support.
- Yes, I require additional AV support. Please explain:

Healthy Teen Network Faculty Disclosure of Conflict of Interest

For the purpose of providing Continuing Education Units (CEUs) to our attendees, Healthy Teen Network requires disclosure of any significant relationship(s) or affiliation(s) with any organization.

Significant relationships include receiving research grants, speakers' bureau membership, consultancies, honoraria and travel, other benefits from a company, or having a self-managed equity interest in a company. The disclosure of a significant relationship does not suggest or condone bias in any session. Disclosure provides attendees with information that may be important to their evaluation of a session. *

- No, I do not nor do any of my co-presenters, or our immediate family members, have a significant relationship with any commercial companies or any directly competing company whose product(s) or services I will refer to in my session(s).
- Yes, I or one of my co-presenters, or an immediate family member, has a significant relationship with a commercial company or any directly competing company whose product(s) or services I will refer to in my session(s).

Please name the company/companies and explain the relationship. *

Select the **SUBMIT** button below to submit your final session proposal. A confirmation email and PDF copy of your proposal will be sent to the email address of the lead presenter (and any co-presenters).