**See The Able Not The Label**

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**Call for Presentations!**

**Date of Conference: September 8th to 10th, 2024**

**Location: Marriott Capitol Hill, Prattville, AL**

The Alabama DisABILITY Conference is seeking presentations for its annual cross-disABILITY conference. The concurrent sessions target information beneficial to people with developmental disabilities, their caregivers, providers of services and advocates. This conference is ideal for professionals in related fields, such as mental health therapists, direct support professionals, administrators, educators, advocates and policy leaders. Previous events have drawn more than 400 attendees, presenters, and exhibitors.

The conference highlights include: nationally renowned speakers, informative breakout sessions, engaging exhibit booths, and an awards banquet where we recognize people that have helped us make **See The Abel Not The Label.** If selected, you will be listed on the conference website at [www.aldisABILITYconference.org](http://www.aldisabilityconference.org). Please continue to check the website ***after May 15th*** for additional conference information. This year we will open the conference on Sunday at 6:00pm with a welcome reception. Monday will start with an opening session and then breakouts in the morning and afternoon with a lunch/keynote and awards event; Tuesday will continue with group sessions that morning and a closing luncheon to end the conference by 1:00p.

Presenters should be available to present Monday, September 9th, 9:00a-4:30p, and/or Tuesday, September 10th, 9:00a-1:00p. The Program Committee reserves the right to schedule guaranteed 45-minute presentations on these dates. You can express a morning/afternoon preference in your application. Please note the schedule is subject to change up to two months prior to the event, should there be a need to better accommodate attendees, speakers and activities.

Proposals from presenters with disabilities are encouraged. If you would like to submit a proposal and cannot do so in the format provided, please contact Jessica at 251-847-2970 ext 2 or email [jodom@arcofsouthwestal.org](mailto:jodom@arcofsouthwestal.org).

This year’s theme is **See The Able Not The Label.** Presentations should focus on **CONNECTING** people with I/DD, caregivers, and, all community resources and support/service systems (across the life span of the person with I/DD) together as one voice, speaking a common language of advocacy, inclusion, and support; sharing of information and tools to assist people with I/DD and their caregivers to connect with community resources and support/service systems to live a fully inclusive, empowered, and supported life; and to achieve outcomes that are truly meaningful to people with I/DD.

Service systems are being challenged both statewide and nationally to look for ways to create truly inclusive communities. You can help by providing ideas on how to MAKE THIS A REALITY – advocacy; innovative planning; outcome based planning; health and safety issues; developing inclusive communities – especially with employment, housing, learning, recreation and leisure, spirituality, health care and Medicaid reform; quality assurance; provider program diversity; rights and responsibilities; preparing caregivers for new expectations in service delivery and lifetime planning; family supports; fund raising; education rights; and school to community transition.

Please complete and submit the Calls for Presentation form no later than May 30th, 2024

The Program Committee will contact chosen presenters by June 15, 2024

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| **2024 Alabama disABILITY Conference – Presenter Information Form** | | | | | | | | | | | | | | | |
| Presenter Name | | | | | | | | Date | | | | | | | |
| Title of Presentation: | | | | | | | | | | | | | | | |
| Topic Area | |  | How can we raise expectations for people with I/DD? How can we expect more Inclusive Communities so that ALL people with ALL abilities are engaged in life areas such as Employment, Housing, Learning, Recreation & Leisure, Healthy Living, Relationships/Sexuality, Accessibility, etc.? How can we support families to advocate for such, and engage each other, so this is a priority? | | | | | | | | | | | | |
|  | How can self-advocates, families and providers navigate resources needed to meet this expectation? How can we work together to coordinate resources and build support systems to ensure self-advocates and caregivers know about them? We want to focus in on areas like Mental/Physical/Emotional Health, Aging Caregivers, Assistive Technology, Employment, Products that enhance independent living, Community, Family/Friends, Advocacy, etc. | | | | | | | | | | | | |
|  | How can we unite to ensure people with I/DD experience success? How do we celebrate these outcomes and achievements? We want to explore Outcome Based Planning – Getting results, advocacy; future planning, financial planning, health care, education, making choices, transition, school to community, public policy, etc. | | | | | | | | | | | | |
| Target Audience | |  | Person with a disABILITY | | | | | | | | | | | | |
|  | Caregiver | | | | | | | | | | | | |
|  | Administrator/Manager or Provider | | | | | | | | | | | | |
|  | Clinical Professional (OT, PT, Nurse, LPC, LMFT, LCSW) | | | | | | | | | | | | |
|  | Direct Support Professional | | | | | | | | | | | | |
|  | Educator | | | | | | | | | | | | |
|  | Family Member/Advocate | | | | | | | | | | | | |
|  | Employment Specialist | | | | | | | | | | | | |
|  | Community Leader | | | | | | | | | | | | |
|  | All of the Above | | | | | | | | | | | | |
| What type of presentation | |  | Lecture | | | | | | | | | | | | |
|  | Audience discussion facilitate by presenter | | | | | | | | | | | | |
|  | Panel presentation (provide contact information of panelists as presenters) | | | | | | | | | | | | |
|  | Activity or workshop where participants will take away knowing how to do something | | | | | | | | | | | | |
|  | Question and answer session, particularly government departments | | | | | | | | | | | | |
|  | Film with discussion | | | | | | | | | | | | |
|  | Performance by presenter | | | | | | | | | | | | |
| Will CEUs be provided or available with your presentation? | | | | | | | | | | | | YES | | NO | |
| Description of the Presentation: This description (up to 60 words) will appear on the conference website/booklet and will help attendees to choose sessions. Please word the description as clearly and simply as possible using People First Language. | | | | | | | | | | | | | | | |
| Learning Objective(s): This is your explanation of what the participants will learn from your session. The objectives should start with “The participant will be able to….” You may need to list more than one objective. | | | | | | | | | | | | | | | |
| Would you like support in fine-tuning your presentation, particularly writing your learning objectives? | | | | | | | | | | | | YES | | NO | |
| What time would you prefer to present? Your preference is not guaranteed but will be considered. | | | | | | | | | | | | Tuesday AM | | | |
| Tuesday PM | | | |
| Wednesday AM | | | |
| Lead Presenter Name | | | | | | | | | | | | | | | |
| Educational Degree  Institution or Company Affiliation, if any: | | | |  | | | | | | | | | | | |
| Biographical Info – Maximum 30 words. Include related experience. Please do not submit resume or CV. | | | | | | | | | | | | | | | |
| Are you or any co-presenters affiliated in any manner with a company or organization whose commercial products you will be presenting or demonstrating? | | | | | | | | | | | | Yes | No | | |
| What is your preferred method of communication with the Program Committee? Email is ours, but we will work with yours also. (The email address for our Program Committee is jodom@arcofsouthwestal.org) | | | | | | | | | | | |  | Telephone | | |
|  | Email | | |
|  | Letter | | |
| Presenter’s Mailing Address (Street or P.O. Box, City, State, Zip): | | | | | | | | | | | | | | | |
| Email address | | | | | | | | | Best telephone number | | | | | | |
| Is there a second presenter? Yes No  Name: Email address: | | | | | | | | | | | | | | | |
| If your presentation is not chosen, would you be willing to be on our stand-by list to present should there be a last-minute cancellation? Your answer to this question has no effect on your presentation’s acceptance. | | | | | | | | | | | | Yes | | | No |
| **Audio-Visual (AV) Presentation/Technology Requests** | | | | | | | | | | | | | | | |
| If you plan to use a laptop, please bring one of your own. If you use a Mac, please bring your own adapter.  The Conference will supply some audio-visual equipment in presentation rooms.  Each room will be set up theater style (chairs in rows facing a screen, podium, and panel table) and supplies. Other preferred set-up styles are not guaranteed but, if possible, may be accommodated.  If your equipment requirements need to be changed before the conference, please let us know immediately.  We will be UNABLE to fulfill or change your set-up or AV needs after June 1st OR during the conference. | | | | | | | | | | | | | | | |
| ***I will need the following*** | | | | | | | | | | | | | | | |
|  | Internet Access | | | |  | Sound system | | | | | | | | | |
|  | Easel | | | |  | LCD Projector | | | | | | | | | |
|  | Large Pads/Markers | | | |  | Projection Screen | | | | | | | | | |
|  | Additional microphones | | | |  | Stand Microphone | | | | | | | | | |
|  | DVD player | | | |  | Wireless handheld microphone | | | | | | | | | |
|  | Technical Assistance | | | |  | Other: | | | | | | | | | |
| Will non-theater style seating be NECESSARY for your presentation? Yes No  Please indicate preferred set-up style: | | | | | | | | | | | | | | | |
| **Accommodations** | | | | | | | | | | | | | | | |
| All rooms will be physically accessible. We encourage proposals from presenters with all abilities. Please ensure your accommodations have been acknowledged when you receive your confirmation letter. No changes can be made after June 1st OR during the conference. | | | | | | | | | | | | | | | |
| Will you need any accessibility accommodations for your presentation? If YES, please describe below | | | | | | | | | | | Yes | | | | No |
| **Signature:** | | | | | | | | | | **Date:** | | | | | |
| **Submit to:** | | | | | | | | | | | | | | | |
| **Email** [**to:**](ftp://to:_tholmes@TheArcofAlabama.com)  jodom@arcofsouthwestal.org  ***Due to the time sensitive nature of conference planning we kindly request all submissions be made via email.*** | | | | | | | **2024 Alabama disABILITY Conference**  **c/o Jessica Odom**  **The Arc of Southwest Alabama**  **234 Hearn Drive**  **Chatom, AL 36518** | | | | | | | | |
| **Thank you for your interest in in presenting in the 2024 Alabama disABILITY Conference.**  **If selected, a Program Committee Representative will be in contact to discuss your proposal.** | | | | | | | | | | | | | | | |