

2024 Call for Presenters

**“Breaking Barriers: Life Beyond Labels”**

**Deschutes County Convention Center**

**3800 SW Airport Way**

**Redmond, OR 97756**

**Submission Deadline: February 15, 2024**

We are currently seeking proposals for 60 minute or 90 minute presentations for the upcoming conference Breaking Barriers. The vision of this conference is to learn how to support people experiencing disability across all areas of their life by hearing directly from self-advocates and others with expertise to share. If you support people experiencing disability or are a self-advocate, you are encouraged to submit a presentation proposal. All questions on the form must be completed for the proposal to be considered. Preference will be given to proposals that include self-advocates or family members as presenters.

**Please provide us with the following information:**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Last Name:** |  |
| **Email:** |  |
| **Primary Phone:** |  |
| **Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip:** |  |
| **County:** |  |
| **My Role is:** Please Circle all that apply |
| □ **Parent** □ **Professional** □ **Educator**  □ **Individual w/Disability** |
| **Title of Presentation:**Please give a brief description in 50 words or less |  |
| **Length of Presentation:** | □ 60 minutes□ 90 minutes |
| **Abstract**: Please include a clear description of your topic, your method of presentation, and desired outcome of your presentation in 200 words or less |  |
| **Your Presentation Content:**Please list at least 3 things attendees will take away from your presentation |  |
| **Who is your intended** **audience?** Please mark the top one or two | □ Educators□ Self-Advocates□ Family Members□ Service Providers |
| **What areas does your presentation address?**Please choose up to two | □ Family□ Education – k-12□ Education – Post-Secondary□ Transition to Adulthood□ Relationships□ Employment□ Community□ Independent Living□ Person-Centered Planning, and Approaches□ Other: (please specify) |
| **Presenter(s) Bio**If you have more than two presenters or are including a panel please list them here. |  |
| **Presenter(s) Information:**Primary Presenter |
| **Full Name:** |  |
| **Current Employer:** |  |
| **Current Position:** |  |
| **Education:** |  |
| **Specialty Certification:** |  |
| **Other relevant experience:** |  |
| Co-Presenter |
| **Full Name:** |  |
| **Current Employer:** |  |
| **Current Position:** |  |
| **Education:** |  |
| **Specialty Certification:** |  |
| **Other relevant experience:** |  |

Thank you for your proposal.

Please send submissions to:

info@codsn.org

or

By mail to: CODSN Breaking Barriers Conference

2525 NE Twin Knolls Drive #7 Bend, OR 97701

Final submission selections will be contacted by February 15th, 2024.

**For additional information contact: Dianna Hansen Phone: (541) 548-8559**