

# NATIONAL ORGANIZATION ON FETAL ALCOHOL SYNDROME WASHINGTON STATE

## The 2006 Northwest Regional FASD Conference (Washington, Alaska, Oregon, British Columbia)



### Request for Proposal

### The 2006 Northwest Regional FASD Conference

October 5 & 6, 2006  
Lynnwood Convention Center  
Lynnwood, Washington

### Conference Sponsor

**National Organization on Fetal Alcohol Syndrome Washington State (NOFAS WA)**

### Conference Partners

**National Organization on Fetal Alcohol Syndrome Alaska (NOFAS AK)**

**National Organization on Fetal Alcohol Syndrome Oregon (NOFAS OR)**

**National Organization on Fetal Alcohol Syndrome (NOFAS)**

The 2006 Northwest Regional FASD Conference seeks proposals for speakers and posters dealing with successful practices and research in the field of Fetal Alcohol Spectrum Disorders. **Of special interest are proposals dealing with the theme of the conference, "Building Bridges to Success"**. Recognizing that diagnosis is only the first step on the continuum of care and intervention that individuals with Fetal Alcohol Spectrum Disorders require to be successful, we are offering a conference with a focus on bridging the gap between diagnosis and success. This regional conference will offer a mix of educational opportunities for individuals with alcohol related disabilities, parents, caregivers, nurses, educators, physicians, mental health workers, social workers, juvenile justice workers and other professionals working with and supporting individuals affected by prenatal alcohol exposure.

### Confirmed Speakers

Susan Astley, Ph.D

Sandra Clarren, Ph.D

Sue Green, MPA, MCAC

Allison Brooks, Ph.D

Maida Chen, M.D

Carolyn Hartness

Heather Carmichael Olson, Ph.D

Sterling Clarren, M.D.

Julie Gelo

Diane Malbin, MSW

### Invited Speakers

Anne Streissguth Ph.D

Deb Evenson, MA

### Proposals Due: March 31, 2006

For information contact: Julie Gelo, Executive Director, NOFAS WA (260) 940-2832, [FASDSupport@aol.com](mailto:FASDSupport@aol.com)

Anticipated number of participants: 500

**Suggested Topics:**

Current Research  
FASD Prevention  
Co-occurring Disorders  
FASD in the Juvenile Justice System  
Parenting children with FASD

Interventions for children/adults with FASD  
Resources and support for families and caregivers  
Legislative advocacy  
Teaching and advocating cultural identity for foster and adoptive parents

**Instructions:**

Please fill out this form as completely as possible. Selection will be primarily based on the information you provide here. If you have any questions, contact, **Julie Gelo (260) 940-2832, [FASDSupport@aol.com](mailto:FASDSupport@aol.com)**

**1. Proposed title of session:** \_\_\_\_\_

**2. Type of session:** Plenary \_\_\_\_\_ Breakout \_\_\_\_\_ Panel \_\_\_\_\_ Poster \_\_\_\_\_  
*Plenary Session (75 min.) Breakout Session (90 min.) Panel (90 min.) Poster Session (TBA)*

**3. Presenter(s):** (If more than one, list as A and B. The person listed as A will be considered the primary correspondent.)

**A. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**B. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**4. Please attach a brief description of the proposed session .**

**5. Please attach a brief one paragraph biography that we may use in conference publication.**

**6. Indicate the type of participant to whom your session will be directed** (please check one or more).

No experience or knowledge. \_\_\_\_\_ Some experience or knowledge. \_\_\_\_\_ Substantial experience or knowledge. \_\_\_\_\_

**7. How would participants benefit from attending your session?** \_\_\_\_\_

**8. What special room setup and audiovisual requirements would you need?**

**10. Have you previously conducted this or a similar presentation?** Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide the following information on the organization to which you presented this session:

1. Contact name/title \_\_\_\_\_ Organization \_\_\_\_\_

3. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**11. Preferred scheduling:** The conference will be held on Thursday and Friday October 5<sup>th</sup> and 6<sup>th</sup>.

What date do you prefer? \_\_\_\_\_ Morning session \_\_\_\_\_ Afternoon session \_\_\_\_\_

Presenter Deadlines: Proposals Due: **March 31**, Notification of Acceptance of Proposal: **April 30**

Please mail form to: NOFAS Washington State, P.O. Box 13182 Mill Creek, WA 98082