

72nd Annual Convention of the Mississippi Psychological Association Presentation Submission Form

This is a MS Word™ fillable form; place the cursor and type or paste information into the appropriate field.

A. PRIMARY PRESENTER: In the event that the primary presenter is a student, a doctoral-level psychologist, or a faculty member that supervised the development of the presentation must be included as a co-presenter. PLEASE NOTE: THE PRIMARY PRESENTER MUST BE REGISTERED FOR THE CONVENTION.			
Primary Presenter Name:			
Program Title:			
Program Type:	<input type="checkbox"/> Presentation (60 min)	<input type="checkbox"/> Panel Discussion (60 min)	<input type="checkbox"/> Symposium (60 min)
	<input type="checkbox"/> Presentation (90 min)		<input type="checkbox"/> Workshop (90 min)

B. BIOGRAPHICAL INFORMATION:	
Position or Title:	
Employer or Institution:	
Address:	
Office Phone:	Fax:
Email:	
Please list professional licenses and board certifications:	
Please provide a three-to-four sentence brief bio that will be used to introduce the primary presenter. Presenters can supplement this with additional information and, in turn, introduce their affiliate presenters:	

C. CO-PRESENTERS: Please list any other persons that will present the program in order of authorship . For each co- presenter provide their name, highest earned degree, institutional / business affiliation, and title:

D. BRIEF PRESENTATION DESCRIPTION: <u>This will appear in the convention program and other public documents.</u> Include purpose of the presentation, goals, instructional approach to be used (experiential, didactic, cases), and a description of handouts or instructional materials to be used.

E. CONFIRM AUDIO/VISUAL NEEDS 1. Please indicate if you intend to provide your own equipment or would like MPA to make provisions for your equipment needs. <input type="checkbox"/> I will provide the necessary equipment. <input type="checkbox"/> I will need MPA to provide the following equipment: <input type="checkbox"/> Projector <input type="checkbox"/> Remote <input type="checkbox"/> Screen <input type="checkbox"/> Microphone / Speakers

F. DISCLOSURES Please use the check box for all of the following that apply. Your typed signature below affirms that you agree with the following principles and have made the appropriate disclosures. A.1. I agree to abide by ethical principles as set forth by the APA Ethical Principles for Psychologists. <input type="checkbox"/> Please sign below to indicate that you have reviewed MPA's Continuing Education Policies and the Ethical Principles for Psychologists and agree to abide by these policies and principles.

If any of the presenters have a conflict of interest to disclose related to products or services of a commercial interest with which he/she has a financial relationship, please check the box and describe. By checking the box, I agree to allow MPA to disclose the above relationship/sponsorship in any promotional literature, and I agree to disclose this to participants at the beginning of my poster presentation.

B.1. I have the following conflicts of interest to disclose

B.2. I have no conflicts of interest to report

C.1. I agree to honor all copyright laws and agreements in preparing, copying and displaying materials for my presentation, and to secure and safeguard the confidentiality of all assessment/test instruments used during this presentation.

Your typed signature is required here as indication of your agreement to these terms. Thank you for your submission. Please email to mpa@mpassoc.org

Typed Signature

Date