



# Massachusetts Psychiatric Rehabilitation Collaborative

## CALL FOR WORKSHOP 2024 MASSPRC CONFERENCE (5/15-5/16)

### WORKSHOP INFORMATION

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**Title of Training:**

**Training Location:** Best Western Royal Plaza, 181 Boston Post Road West, Marlborough, MA 01572

**Trainer Name:**

**Address:**

**Website: (if applicable):**

**Current Position:**

**Cell Phone:**

**Email Address:**

**Degree:**

**License Type:**

**Certification Type:**

**Presenter Biosketch (A brief professional description with your credentials/areas of expertise)**

**Please provide a 1 sentence description of the training:**

**Please provide a full description of the training:**

**Course Objectives**

Following this training the participants will be able to: (3-4 maximum)

- 1.
- 2.
- 3.
- 4.

**Instructional Method(s) Use during Program. (Check all that apply.)**

- Lecture via workshop/seminar
- Case presentation
- Discussion groups
- Audio/Visual
- Other (Specify)

**Specific schedule of teaching activities, breaks, lunch (an AGENDA with time slots, e.g., 9:00 – 10:00 what topics, 10:00 – 11:00 what topics, etc):**

Please provide at least 3 relevant references for suggested reading:

**Equipment Requirements for In Person Training:**

I need a Lap Top Computer provided: **Yes** ( ) **No** ( )

I need a Lap Top Projector provided: **Yes** ( ) **No** ( )

Other facility or equipment requests:

**EDUCATIONAL MATERIALS**

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**FOR IN PERSON** Training, please submit an electronic copy of the finished PowerPoint and handouts for the training 2 weeks prior to the training date (we need this for the ASL interpreters)

**Promotion:** Please promote this event on your social media sites and website. Promotional materials will be shared with you 1-2 weeks before the training date.

**Sign and return:** Please review and sign this agreement. Please return this form with a copy of your CV or resume to Kelley Gamble and Anne Sullivan-Soydan ([Kelley.Gamble@openskycs.org](mailto:Kelley.Gamble@openskycs.org); [apsoydan@bu.edu](mailto:apsoydan@bu.edu)) by April 15, 2024.

**Trainer Signature:**

**Date:**

**Authorized Signature: (if applicable)**

**Date:**