

**TFA ANNUAL TRAINING CONFERENCE**  
November 28-30, 2017  
Music Road Convention Center, Pigeon Forge, Tennessee

**PROPOSAL SUBMISSION FORM**  
**(Due by June 15, 2017)**

**Title of Presentation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please List 3–4 Learning Objectives for This Session:**

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Format for Session:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Category for Which Session is Best Suited:**

Senior Centers/Nutrition  Elder Rights/Justice

 Home and Community-Based Services (HCBS)  Potpourri

**Briefly (75–100 words) Describe the Proposed Session:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Sessions will be one (1) hour in length. Organizers reserve the right to modify time/category based on the schedule.)

**Presenter #1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**Presenter #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**Presenter’s Qualifications:**  
Please attach a copy of your resume to this form. Below, please describe experiences and training that uniquely qualify you to present the proposed session. This information is required for CEU approval.

**Presenter #1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Presenter #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Will You Provide Your Own A/V Equipment?** Yes No

If Unable to Provide Your Own Equipment, Please Describe Your Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please Describe the Internet/Phone Connections You Will Need for Your Presentation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PROPOSED SUBMISSION FORMS ARE DUE BY (June 15, 2017)**

**SUBMIT COMPLETED FORMS TO:**

**Catherine Pippin**

**Southeast TN Area Agency on Aging and Disability**

**9002 Finney Point Drive**

**Ooltewah TN 37363**

**cpippin@sedev.org**