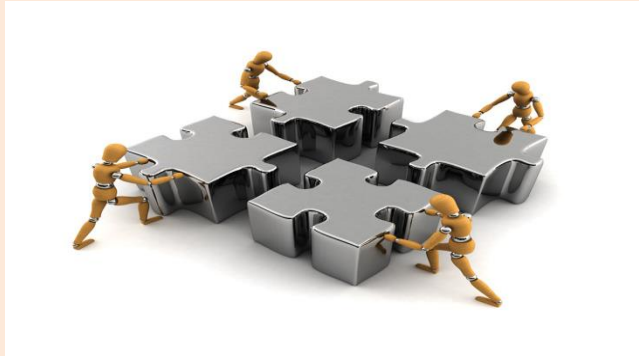


Sex Offender Management Board 8th Annual Conference

“Piecing it All Together: A New Direction with Research and Implementation”



Call for Presentation Proposals

**Beaver Run Resorts - 620 Village Road - Breckenridge, CO 80424
July 9 -11, 2014**

The Sex Offender Management Board is pleased to announce a call for proposals for the 8th Annual Conference to be held on July 9 – 11, 2014. The theme of this year’s conference is “Piecing it All Together: A New Direction with Research and Implementation.”

Presentations are scheduled for 120 minutes in length. Presentation proposals longer than 120 minutes will be considered. **Presenters will receive free conference registration.**

Targeted Audience:

Treatment providers and evaluators, victim therapists, victim advocates, probation and parole officers, domestic violence treatment providers, child welfare workers, Guardian Ad Litem, district attorneys, polygraphers, judges, magistrates, law enforcement officers, and school personnel.

Suggested Topics include, but are not limited to:

- Brain development
- Current research
- Diversity
- Evaluation techniques/skills
- Implementation of differential treatment
- Judicial decision making
- Multidisciplinary collaboration
- Providing services to rural communities
- Restorative justice
- Sex assault victim issues/advocacy
- Supervision and management of offenders
- Trauma
- Treatment approaches
- Wellness
- Working with families

The Presentation Proposal Form follows on the next page. Please use this form to submit your proposal. It is also accessible to download from our website:

www.dcj.state.co.us/odvsom/sex_offender/index.html.

Proposals must include:

1. Completed Presentation Proposal Form
2. Resume or curriculum vitae of each presenter
3. Brief biography of each presenter

Please submit Proposals via mail or email to the address below. PROPOSALS MUST BE RECEIVED IN OUR OFFICE NO LATER THAN MARCH 7, 2014, AT 5:00 P.M.

Please feel free to call, fax, or email the office with any questions or concerns that you may have. Applicants will be notified of presentation acceptance or denial.

Thank you in advance, for your interest in our conference. We look forward to working with you. Please contact me directly, if you have questions related to the Conference.

Sincerely,

Raechel Alderete
Sex Offender Management Board
700 Kipling, Suite 3000
Denver, CO 80215
303-239-4197 (office)
303-239-4491 (fax)
raechel.alderete@state.co.us

SEX OFFENDER MANAGEMENT BOARD 8TH ANNUAL CONFERENCE

Presentation Proposal Form

Beaver Run Resorts - Breckenridge, Colorado
July 9 -11, 2014

PRESENTATION TITLE: _____

STYLE:

- ☐ Lecture ☐ Interactive presentation ☐ Panel Discussion ☐ Small Groups

LEVEL:

- ☐ Beginner ☐ Intermediate ☐ Advanced

TRACK:

- ☐ Sex Offenders/Offense-Specific ☐ Sex Assault Victim

POPULATION:

- ☐ Adult ☐ Juvenile ☐ Both

INTENDED AUDIENCE:

- ☐ Probation/Parole Officers ☐ Caseworkers ☐ Guardian Ad Litem
☐ Victim Advocates ☐ District Attorneys ☐ Therapist/treatment providers
☐ Judges, Magistrates ☐ Multidisciplinary ☐ Law Enforcement
☐ School personnel ☐ Corrections ☐ Defense Attorneys

AUDIO/VISUAL REQUESTS:

- ☐ LCD Projector ☐ Laptop ☐ TV/VCR/DVD
☐ Flipcharts ☐ Overhead Projector
☐ Other _____

OBJECTIVES OF PRESENTATION: (Objectives should describe what the learner will be able to do at the end of the presentation)

1. _____

2. _____

3. _____

BRIEF ABSTRACT OF PRESENTATION (200 words maximum): Please attach your typed abstract with your proposal

OUTLINE OF PRESENTATION:

Have you presented this workshop before? If so, please provide information as to when and where this presentation was held.

Presenter #1:	
Agency/Organization:	
Mailing Address:	
Email Address:	
Phone Number:	Fax Number:
<i>References: Please provide contact information of individuals that are familiar with your work, and your training</i>	
REFERENCE'S NAME	PHONE #
1.	
2.	
3.	

Presenter #2:	
Agency/Organization:	
Mailing Address:	
Email Address:	
Phone Number:	Fax Number:
<i>References: Please provide contact information of individuals that are familiar with your work, and your training</i>	
REFERENCE'S NAME	PHONE #
1.	
2.	
3.	

Presenter #3:	
Agency/Organization:	
Mailing Address:	
Email Address:	
Phone Number:	Fax Number:
<i>References: Please provide contact information of individuals that are familiar with your work, and your training</i>	
REFERENCE'S NAME	PHONE #
1.	
2.	
3.	

If there will be more than three presenters, please copy and complete a form for each additional presenter.

****Please remember to include a resume or curriculum vitae, and short biography for each presenter.**