



* Required Information

2022 Mid-Year Training Institute - Call for Presentations Submission Form

Submission Deadline: COB Friday, April 1, 2022

CADCA is requesting training session proposals addressing the latest research findings, cutting-edge program successes, lessons learned or problems solved. Training Sessions should be designed as an interactive engaging session that should allow participants to think through practical applications of the content. Please note that training sessions selected from the Call for Presentations will run 90 minutes in length and they will occur on Monday, July 18, 2022 only.

This Mid-Year's theme is "Every Day CADCA Trains: Community Coalition Leaders" and as community change agents, we embrace that philosophy in our work to improve the quality of life in our nation's communities. High performing coalitions are those that have developed broad-based strategic alliances, implemented proven and promising strategies, and achieved population-level change.

Topical areas should focus on at least one of the following:

- Coalition Leadership
- Cross-Sector Collaboration
- Evaluation and Research
- Marketing and Communications
- Policy and Advocacy
- Sustainability
- What's Trending

Special consideration will be given to coalitions whose work focuses on the four environmental CADCA strategies:

- Enhancing Access/Reducing Barriers
- Changing Consequences
- Changing Physical Design
- Modifying/Changing Policies

* 1. Title of Training Session

Tip: Provide a title for your session as you would have it appear in print, on the website and within the app.

* 2. Is your session targeted towards: (Select one option)

- Beginners
- Intermediates
- Advanced

Learning Objectives

Please list 2-4 learning objectives that answer the question "At the end of this session participants will be able to..."

* 7. Objective #1

* 8. Objective #2

9. Objective #3

10. Objective #4

* 11. Briefly describe key takeaways participants will receive from your session:

* 12. What was the purpose/rationale for implementing this idea in your community?

* 13. Who was involved in helping to implement your idea and what was their role (be specific)?

Tip: Please be sure to mention any partners from the 12 sectors.

Critical Lessons Learned

Below, please list 3 critical processes, implementation strategies or lessons learned through the execution of this idea in your community.

* 14. Lesson Learned #1

* 15. Lesson Learned #2

* 16. Lesson Learned #3

Specific Outcomes

Below, please list and describe (3) specific SMART outcomes (Specific, Measurable, Achieved, Relevant, Time-bound) experienced as a result of having implemented this idea in your community.

* 17. Outcome #1

* 18. Outcome #2

* 19. Outcome #3

20. List and describe any handouts, worksheets, resources, and/or tools that you will be providing to Forum attendees to supplement your presentation:

* 21. Check any of the available presenter tools you intend to use to make your virtual session interactive with Mid-Year Attendees:

- Polling
- Question & Answer Submission Box
- Public Chat Box

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PRESENTER INFORMATION

Please note the order in which you enter presenters.

Lead Presenter Information:

Remember, this person will receive a complimentary registration.

* **22. First Name**

Tip: Please include Prefix if applicable (Ex: Dr. Jane)

* **23. Last Name**

Tip: Please include Suffix or Credentials, if applicable (Ex: Doe, Ph.D, MPH)

* **24. Job Title**

As you would like it displayed

* **25. Company / Organization**

As you would like it displayed

* **26. Is this organization a coalition? (Select one option)**

Yes

No

NOTE : Answer the below question only if answer to Q#26 is Yes

27. If yes, what is your coalition's target community? (Select one option)

[Please consider providing a response. This information will be helpful for survey administrators.]

Frontier

Rural

Suburban

Urban

*** 28. Lead Presenter E-mail Address**

Tip: Please enter an e-mail address that you check often and have easy access to.

*** 29. Have you presented at a previous CADCA Mid-Year Training Institute? (Select one option)**

- Yes
- No

*** 30. Lead Presenter Brief Biography**
As you would like displayed

OPTIONAL PRESENTER DEMOGRAPHIC INFORMATION

31. Select Lead Presenter Gender (check all that apply)

- Woman
- Man
- Non-binary or Genderqueer
- Different Identity
- Decline to State

32. Select Lead Presenter Sexual Orientation to Which You Most Closely Align (check all that apply)

- Heterosexual or Straight
- Bisexual
- Gay
- Lesbian
- Queer
- Different identity not listed here
- Decline to State

*** 33. Will there be a Second Presenter? (Select one option)**

- Yes
- No

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Second Presenter

Remember, this person receives a discounted registration rate of \$300.

34. First Name

Tip: Please include Prefix if application (Ex: Dr. Jane)

35. Last Name

Tip: Please include Suffix or Credentials, if applicable (Ex: Doe, Ph.D, MPH)

36. Job Title

As you would like it displayed

37. Company / Organization

As you would like it displayed

38. Is this organization a coalition? (Select one option)

- Yes
 No

39. If yes, what is your coalition's target community? (Select one option)

- Frontier
 Rural
 Suburban
 Urban

40. Second Presenter E-mail Address

Tip: Please enter an e-mail address that you check often and have easy access to.

41. Have you presented at a previous CADCA Mid-Year Training Institute? (Select one option)

- Yes
- No

42. Second Presenter Brief Biography
As you would like displayed

OPTIONAL PRESENTER DEMOGRAPHIC INFORMATION

43. Select Second Presenter Gender (check all that apply)

- Woman
- Man
- Non-binary or Genderqueer
- Different Identity
- Decline to State

44. Select Second Presenter Sexual Orientation to Which You Most Closely Align (check all that apply)

- Heterosexual or Straight
- Bisexual
- Gay
- Lesbian
- Queer
- Different identity not listed here
- Decline to State

45. Will there be a Third Presenter? (Select one option)

- Yes
- No

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Third Presenter

Remember, this person receives a discounted registration rate of \$300.

46. First Name

Tip: Please include Prefix if application (Ex: Dr. Jane)

47. Last Name

Tip: Please include Suffix or Credentials, if applicable (Ex: Doe, Ph.D, MPH)

48. Job Title

As you would like it displayed

49. Company / Organization

As you would like it displayed

50. Is this organization a coalition? (Select one option)

- Yes
 No

51. If yes, what is your coalition's target community? (Select one option)

- Frontier
 Rural
 Suburban
 Urban

52. Third Presenter E-mail Address

Tip: Please enter an e-mail address that you check often and have easy access to.

53. Have you presented at a previous CADCA Mid-Year Training Institute? (Select one option)

- Yes
- No

54. Third Presenter Brief Biography
As you would like displayed

OPTIONAL PRESENTER DEMOGRAPHIC INFORMATION

55. Select Third Presenter Gender (check all that apply)

- Woman
- Man
- Non-binary or Genderqueer
- Different Identity
- Decline to State

56. Select Third Presenter Sexual Orientation to Which You Most Closely Align (check all that apply)

- Heterosexual or Straight
- Bisexual
- Gay
- Lesbian
- Queer
- Different identity not listed here
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57. Will there be a Fourth Presenter? (Select one option)

- Yes
- No

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Fourth Presenter

Remember, this person receives a discounted registration rate of \$300.

58. First Name

Tip: Please include Prefix if application (Ex: Dr. Jane)

59. Last Name

Tip: Please include Suffix or Credentials, if applicable (Ex: Doe, Ph.D, MPH)

60. Job Title

As you would like it displayed

61. Company / Organization

As you would like it displayed

62. Is this organization a coalition? (Select one option)

- Yes
 No

63. If yes, what is your coalition's target community? (Select one option)

- Frontier
 Rural
 Suburban
 Urban

64. Fourth Presenter E-mail Address

Tip: Please enter an e-mail address that you check often and have easy access to.

65. Have you presented at a previous CADCA Mid-Year Training Institute? (Select one option)

- Yes
- No

66. Fourth Presenter Brief Biography
As you would like displayed

OPTIONAL PRESENTER DEMOGRAPHIC INFORMATION

67. Select Fourth Presenter Gender (check all that apply)

- Woman
- Man
- Non-binary or Genderqueer
- Different Identity
- Decline to State

68. Select Fourth Presenter Sexual Orientation to Which You Most Closely Align (check all that apply)

- Heterosexual or Straight
- Bisexual
- Gay
- Lesbian
- Queer
- Different identity not listed here
- Decline to State

69. If there are more than Four presenters, please list their First and Last Names, Titles, Organizations and Email Addresses separated by commas below:

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Thank you for submitting to the 2021 Mid-Year Training Institute's Call for Presentation. Notifications will be e-mailed to the Lead Presenter listed the week of April 12, 2021.