



## *Presenter Application*

Have you reviewed the conference overview, essential information and selection criteria?	
Yes <input type="checkbox"/>	
No <input type="checkbox"/>	
Main Contact: Name (First and Last)	First Name                      Last Name
Organization	
Title or role in your organization	
Email	Phone
Format of Presentation	
45 minute oral presentation <input type="checkbox"/>	
90 minute oral presentation <input type="checkbox"/>	
Poster presentation <input type="checkbox"/>	
Please list ALL presenters with their names, credentials, titles/roles, organizations, and email addresses	
Presenter 1: Credentials Title/role / Organization Email	
Presenter 2: Credentials Title/role / Organization Email	
If you have more than two presenters, explain why it is integral for your presentation to include more than 2 presenters.	
Additional Presenters	

For more information about this conference or to be a conference sponsor, please contact:  
**Elizabeth White, MPA**, Prevention Policy Analyst / Project Manager, Oregon Coalition for the Responsible Use of Meds (OrCRM), a service of Lines for Life at **503.244.5211** or **elizabethw@linesforlife.org**



Presentation Title
Presentation Abstract (250 words or less)
This year's conference will be organized into three concepts. Please select which concepts your presentation will address. Select all that apply. For more information on the concepts see the conference overview.
<input type="checkbox"/> We Can Do This! Celebrating success and leaning into opportunities.
<input type="checkbox"/> Sustaining Communities - Embracing the full spectrum of healing: from harm reduction to treatment and long-term recovery
<input type="checkbox"/> Promoting Prevention - Elevating upstream investments to help Oregon thrive
Preference will be given to presentations that address health disparities, presenters who speak about lived experience, and interdisciplinary presentations that demonstrate collaboration between different sectors of the community. If your presentation includes any of these focus areas, please explain how in 2-3 sentences.
Learning Objectives: Please identify 3-5 objectives that the attendees will learn from this session. This will be used in the program description of the session.
Primary Target Audience
AV equipment and presentation needs
Projector and computer <input type="checkbox"/>
Audio <input type="checkbox"/>
Video <input type="checkbox"/>

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Lapel Microphone (Lavalier) <input type="checkbox"/>
Have you presented this material before? If so we'd love to see a video clip of you presenting. Provide a link below.
Please provide a brief (50 words or less) speaker bio to be used in promotional materials.
This form can be used to save your response to copy and paste into the survey form on the website, or you can email this form along with speaker CVs or resumes for all speakers to <a href="mailto:opat@linesforlife.org">opat@linesforlife.org</a> .

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