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**GRAMS (Submission Deadline 12/11/09)**  
**SELING ASSOCIATION CONVENTION**  
**CKS OF GOOD COUNSELOR HEALTH"**  
**March 10-12, 2010**  
**Doubletree Hotel, Overland Park, Kansas**

Please type all information

**All presenters must register for the Conference**

1 <sup>st</sup> PRESENTER *	
2 <sup>nd</sup> PRESENTER * (add page for additional presenter)	
Home Address:	
Work Address:	
Contact Numbers:	<b>Home Phone    Work Phone    E-Mail</b>
Program Title:	
Program Description (30 words or less) to be used in program: Address: How your program can benefit mental health and school counseling.	
Interest Area for Program:	<input type="checkbox"/> Elem. <input type="checkbox"/> M.S. <input type="checkbox"/> H.S. <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Private Practice/Mental Health
Which Division does this program represent?	
AV Equipment:	AV equipment will not be provided so presenters will need to provide their own.
Credentials of Presenter(s):	<input type="checkbox"/> M.S. <input type="checkbox"/> Ph.D. <input type="checkbox"/> N.C.C. <input type="checkbox"/> LPC <input type="checkbox"/> LCPC <input type="checkbox"/> Other (list)
Return Form To:	Pat Walker 2406 N. 74th Kansas City, KS 66109 email to: smokeygirl1972@yahoo.com

\*Please include degree(s) and licensure information if licensed as well as a short resume for all presenters that must be kept on file as a part of the continuing education requirements.