



15th Annual East Coast Migrant Stream Forum
 Savannah Marriott Riverfront, Savannah, Georgia ~ October 25-27, 2002
Líderes: Leading the Way to Healthy Farmworker Communities

ABSTRACT SUBMISSION FORM

Please complete the following items thoroughly to ensure that continuing education credit can be obtained.

TITLE OF PRESENTATION:

PRESENTERS:

Principal presenter, credentials included:

Name: _____
 Position/Title: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Telephone: (____) _____ Fax: (____) _____ Email: _____
 Federal or State Employee? Yes No

Other presenters, credentials included:

Name: _____	Name: _____
Position/Title: _____	Position/Title: _____
Affiliation: _____	Affiliation: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone(____) _____ Fax (____) _____	Telephone: () _____ Fax() _____
Email: _____	Email: _____
Federal or State Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Federal or State Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No

***If there are additional presenters to be listed, please indicate them on an attached sheet.**

PRESENTATION FOCUS *Please check all that apply:*

<input type="checkbox"/> Clinical	<input type="checkbox"/> Outreach/Health Education	<input type="checkbox"/> Programmatic/Administrative
<input type="checkbox"/> Research	<input type="checkbox"/> Lay Health	<input type="checkbox"/> Policy/Advocacy

PRESENTATION FORMAT:

Workshop Poster Presentation Both

OPTIMAL TIME NEEDED FOR PRESENTATION: – *Indicate top two preferences only:*

4-hour Intensive 3-hour Mega Session 90 minutes

ARE YOU WILLING TO PRESENT ON A PANEL FOR A SHORTER AMOUNT OF TIME?

Yes No

TARGET AUDIENCE -- *Please check all that apply:*

<input type="checkbox"/> Clinician	<input type="checkbox"/> Administrator	<input type="checkbox"/> Outreach Worker	<input type="checkbox"/> Health Educator
<input type="checkbox"/> Lay Health Worker	<input type="checkbox"/> Researcher	<input type="checkbox"/> Advocate	<input type="checkbox"/> Social Service Provider
<input type="checkbox"/> Dentist	<input type="checkbox"/> Other _____		

TEACHING METHOD -- *Please check all that apply:*

Lecture Group Discussion Simulations Games Hand-outs
 Other _____

