

ARKANSAS MENTAL HEALTH COUNSELORS ASSOCIATION



SPEAKER PROPOSAL



Spring Conference - April 9-10, 2026

THANK YOU for your interest as a speaker for the 2026 ArMHCA Spring Conference!

WHEN: April 9-10, 2026

WHERE: UCA Campus
Conway, AR

Please fill out the contact information and presentation needs form attached. Sessions may range from 1 to 3 hours. As a non-profit organization we are unable to provide financial compensation for your time, however CE's and lunch will be provided as an extension of our gratitude for your contribution to our conference.

Return the completed form to bethforst21@gmail.com.

Please email if you have any questions or need additional assistance.

Sincerely,

Beth Forst, LPC

ArMHCA Conference Chair

PRESENTATION PROPOSAL FORM - PAGE 1 OF 2

Complete the next two pages, attach outline, and any handouts used and send to bethforst21@gmail.com by March 7th, 2026.

NAME: _____

CREDENTIALS: _____

(Degree, Licensure, Certification, etc.)

EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER (Best contact time): _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

AWARDS / ACHIEVEMENTS: _____

REFERENCES: _____

(Provide the date and contact information of another presentation given in the last year)

TITLE OF PRESENTATION:

3 OBJECTIVES: 1.

2.

3.

What 3 practical tips, skills, & outcomes attendees will be able to implement by attending

CO-PRESENTER INFORMATION (if applicable):

PRESENTATION PROPOSAL FORM PAGE 2 OF 2

Attach outline AND handouts of your presentation in addition to page 1 and 2 of this document.

BRIEF DESCRIPTION OF PRESENTATION (150 words or less)

BIOGRAPHICAL INFORMATION DESCRIBING CREDENTIALS FOR SPEAKING ON TOPIC

A/V OR SPECIAL EQUIPMENT NEEDS

(Every room has a projector, screen, and speakers that can hook up to a laptop to display the presentation)

CHECK ALL THAT APPLY:

HDMI CABLE EXTENSION CORD

SCREEN PROJECTOR LAPTOP

SPEAKERS

OTHER: