22nd Annual

ADHD and Related Concerns Conference

October 23 – 24, 2025

Lake Terrace Convention Center

Hattiesburg, MS

**CALL FOR PRESENTERS**

**Hattiesburg Clinic Connections and Psychology & Counseling is pleased to announce that it will once again host the Annual ADHD and Related Concerns Conference.**

The 22nd Annual Conference will take place on October 23 – 24, 2025 at the Lake Terrace Convention Center in Hattiesburg, MS and will feature sessions on topics including ADHD, dyslexia, autism spectrum disorder, behavior management, social and emotional learning, suicide awareness, and addiction. A new content area for 2025 will include social media as it relates to mental health and safe usage practices Continuing education units will be available for school administrators and educators, counselors, physicians, physicians assistants, nurses, nurse practitioners, psychologists, social workers, and speech-language pathologists. Parents and caregivers are also encouraged to attend.

**Conference and Presentation Details**

* The conference will be held October 23-24, 2025 from 8 a.m. until 4 p.m. at the Lake Terrace Convention Center (LTCC) in Hattiesburg, MS.
* The conference will include a continental breakfast for all attendees. A list of available restaurants near the LTCC will be provided to all attendees.
* Appropriate continuing education units (CEU) will be available for all conference attendees.
* Sessions are 60 minutes in length and may include a question-and-answer period. Due to CEU requirements, session length is non-negotiable.
* A room facilitator will be available for assistance, as needed. The facilitator will introduce and close the session and will provide the attendance code needed for CEUs.
* All presenters will be supplied with a screen/LCD projector or TV, presentation remote, and microphone.
* Session handouts will be due *prior to* the conference as we will upload those to the conference website. Handouts will not be provided to participants; however, speakers may provide copies if desired.

**Proposal Submission**

* **Email your completed proposal to the conference facilitators, Gulf Coast Education Initiative Consortium (GCEIC), at the following email address**: [**cmoseley@gceic.org**](mailto:cmoseley@gceic.org)
* Proposals must be received no later than **April 21, 2025**, to be considered.
* Proposals will be evaluated for appropriateness regarding related conference elements.
* All submissions will be acknowledged regarding acceptance by **May 9, 2025**.
* Presenters that are accepted will receive **one (1)** complimentary conference registration.

**SESSION INFORMATION**

**Session Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Session Category**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(ADHD, dyslexia, autism spectrum disorder, behavior management, social and emotional learning, addiction, suicide, social media and mental health, social media safety, other - explain)*

**Session Description:**

Please include a **MAXIMUM** 50-word session description, just as it should appear in the conference program.

**Learning Objectives**:

Please include three (3) learning objectives in the following format: ***By the end of the session, participants will be able to….***

(**Example**: *By the end of the session, participants will be able to identify at least three means for behavioral skill acquisition and maintenance.)*

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Session Audience:**

|  |  |
| --- | --- |
| **Applicable Attendees**  \_\_\_\_All  \_\_\_\_School Administrators  \_\_\_\_Educators  \_\_\_\_Counselors  \_\_\_\_Health Care Providers  \_\_\_\_Psychologists  \_\_\_\_Social Workers  \_\_\_\_Speech-Language Pathologists  \_\_\_\_ Parents / Caregivers | **Skill Level**  \_\_\_\_Any/All Skill Level  \_\_\_\_Beginner  \_\_\_\_Intermediate  \_\_\_\_Advanced  **Attendance Limit**  \_\_\_\_\_No Limit on Capacity  \_\_\_\_\_Limit Attendance to (#):\_\_\_\_\_ |

**Presentation Format:**

I will bring the following type of laptop or tablet:

\_\_\_\_\_\_\_Windows \_\_\_\_\_\_\_\_MAC .

\_\_\_\_\_\_I will not use a digital presentation.

\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Please provide your own adapter cables**

**Session Availability:**

Is your session available to be repeated during the conference? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

If your availability limits you to speaking at specific times or days during the conference, please

indicate those on the line below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRESENTER INFORMATION**

**LEAD PRESENTER:**

Presenter Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Credentials (M.S., Ph.D., CCC-SLP, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree/Major/Field of Study/Institution/Year:

Training Relevant to Presentation Topic:

Biography:

Please include a **MAXIMUM** 50-word biographical paragraph **as it should appear in the conference program**. This is also mandatory for continuing education applications.

Curriculum Vitae/Resume:

When returning this form, **please send a current curriculum vitae/resume**. This is also mandatory for continuing education applications.

**CO-PRESENTER (if applicable)**

Presenter Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Credentials (M.S., Ph.D., CCC-SLP, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree/Major/Field of Study/Institution/Year:

Training Relevant to Presentation Topic:

Biography:

Please include a **MAXIMUM** 50-word biographical paragraph as it should appear in the conference program. This is also mandatory for continuing education applications.

Curriculum Vitae/Resume

When returning this form, **please send a current curriculum vitae/resume**. This is also mandatory for continuing education applications.

**DUE DATE:**

**Please return this completed form in Word Document Format by Monday, April 21, 2025 to** [**cmoseley@gceic.org**](mailto:cmoseley@gceic.org)

**For questions regarding the application or the conference, please contact:**

**Gulf Coast Education Initiative Consortium**

11975 Seaway Road, Suite A220

Gulfport, MS 39503

601-528-5342 – Office

cmoseley@gceic.org