

314 Franklin Ave, Suite 306
Berlin, MD 21811
410.973.2525
410.973.2527 FAX
seasidecounseling@gmail.com



2026 SWELL Presentation Proposal (Due 11/7/2025)
April 15-18, 2026

Name: _____ Agency: _____

Address: _____

Phone # _____ Email: _____

**** Attach the following:** Resume; List of Workshops Previously Presented; Photo & Short Bio. for Registration Packet; and a detailed list of Workshop Objectives (All items must be attached for proposal to be considered)

****** Please complete a separate Presentation Proposal form for *each* Workshop Topic

Title of Workshop: _____

Preferred Payment (to be paid via check at time of conference):

- ☐ \$ 100 per CEU (No conference attendance)
☐ Apply \$ 100 per CEU toward cost of Conference Attendance (Registration Packet available in December)

******Fee paid is per workshop, not presenter.

Total # of CEU Hours: (please circle) 1.5 3 6

Detailed Workshop Description (Will be used in registration packet & On-site Guide- Please attach additional sheet if needed): _____

Availability: (Circle All that Apply):
AM: 9-12:15 / PM: 1:15 to 4:30

Thursday AM
Thursday PM
Thursday All day

Friday AM
Friday PM
Friday All day

Saturday AM
Saturday PM
Saturday All day

Information about Presentation:

- ☐ Computer & Projector ☐ Microphone
☐ Flip Chart/Markers ☐ Speakers
☐ Room Set-up: (please circle) Classroom style and/or Open floor w/ chairs
☐ Format of Presentation: (please circle) Lecture and/or Experiential
☐ Materials participants will need: _____