



**Proposal for Presentations to be given at Infinity Mental Health Counseling, PLLC as part of the *Infinity Presents* Educational Series**

**Exact Title of Presentation:**

---

**Subject/Topic of Presentation (1-2 paragraphs):**

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

**Qualifications of Presenter(s)--licensure, educational and professional experience, etc. (1-2 paragraphs. This will be the basis for the "About the Speaker" section of the flier and other marketing materials.):**

**Description of presentation content** (please provide, in outline format, a detailed description of your presentation's content. This is the most crucial element of your proposal; please outline exactly what you will be presenting. Feel free to attach a separate document if more space is needed):

**Length of presentation:** \_\_\_\_\_

**Description of teaching method(s) to be used** (e.g., lecture, power-point, video, interactive exercises, breakout sessions, etc.):

---

---

**Learning objectives of the course/presentation** (please list at least 3 measurable learning objectives. What can students expect to learn from this course?):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**Research Citations** (please include any relevant research that is helpful in understanding your proposal and demonstrates that the training is evidence-based. Optional but strongly encouraged.):

**References** (please provide two professional references who can speak to your experience, style, and teaching skills):

1. Name and professional title: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_
2. Name and professional title: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Contact information** (please include the best way for us to contact you about your proposal):

Name: \_\_\_\_\_  
Title/Position (if you are not the presenter): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Best time to call: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
(Optional) How did you hear about us? \_\_\_\_\_

Along with this proposal, please include your resumé or CV and a bio photo that we can use for promotional purposes. Send all materials to: [awalko@infinitymentalhealth.com](mailto:awalko@infinitymentalhealth.com) .

(845) 419-3939 • 7 Innis Avenue, New Paltz, NY 12561 • [info@infinitymentalhealth.com](mailto:info@infinitymentalhealth.com)