**Title of Proposal:**

**1st Author** (include degree and credentials):

Employer:

Preferred Mailing Address:

City, State & Zip:

Email address: __________________________ Work Phone:(___)______________

Phone:(___)__________  □ ASHA Member  □ MSHA Member

□ Undergraduate Student  □ Graduate Student  □ Doctoral Student  Highest Degree Held:

**2nd Author** (include degree and credentials):

Employer:

Preferred Mailing Address:

City, State & Zip:

Email address: __________________________ Work Phone:(___)______________

Phone:(___)__________  □ ASHA Member  □ MSHA Member

□ Undergraduate Student  □ Graduate Student  □ Doctoral Student  Highest Degree Held:

If there are additional authors, please provide this information on an additional sheet. All correspondence, including notification of acceptance or rejection of proposal will be sent to the **First Author**.

**Session Type:** / /Student Poster Session (1 hr)

**Instructional Level:** / /Introductory  / /Intermediate  / /Advanced

**Learning Outcomes:**

(e.g., participants will learn...)

**Abstract of Proposal:** Summarize content of presentation and include as many details as necessary. Limit abstract to a maximum of 125 words. Attach an additional sheet, or if emailing, send an attachment if desired.

**Proposal Title:**

**Content Area:** Please indicate strand and then circle areas that apply:

□ Medical Speech-Language Pathology: Dysfluency  Voice Disorders  Alaryngeal Speech  Dysphagia  Child Language  Neurogenic Speech, Language & Cognition Disorders  Pediatric services  Geriatric Services

Other:________________________________________

□ Professional Issues: Ethics  Outcomes  Public Policy  Training Issues  Regulatory Issues  Supervision  Evidence Based Practice  Diversity Issues  Counseling

Other:________________________________________

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Public School Speech-Language Pathology: Voice Disorders  Dysphagia/Oral Motor
Law/Monitoring  Phonological & Articulatory Disorders  Autism Spectrum Disorders  Assistive Technology
Child & Adolescent Language Disorders  Augmentative Alternative Communication  Aural Rehab  PI or OHI or TBI  LD and other Concomitant Disabilities  Fluency
Other:__________________________________________

Hearing Impairment:  Aural Rehab  Cochlear Implants  Educational Audiology
Hearing Conservation  Auditory Verbal Therapy
Other:__________________________________________

Instructions: Submit 1 copy of this Call for Paper to the MSHA Office: The deadline for Student Poster Session Submissions is February 1, 2020. Please send as a Word email attachment (or pdf) to the MSHA office at msha@att.net or submit on-line: www.michiganspeechhearing.org You can also mail to the MSHA address listed on page 1. Please attach any additional sheets, author biographical info including degree, certification, expertise, professional title.

If accepted, your session description and biographical info will be printed in conference materials exactly as it appears in your submission. While the MSHA office will make every attempt to edit for consistency, we are not responsible for author errors.

Presenters at the MSHA Annual Conference are required to submit a Conference Registration Form and Fee in order to ensure a place in the Program. MSHA Student members receive a reduced conference registration fee.

1st Authors will be contacted regarding acceptance as soon as possible after review. They are responsible for contacting the remaining authors of the paper.

NOTE: Students must have advisors review and sign paper submissions.

The deadline for Student Poster Session Submissions is: February 1, 2020.

Faculty Advisor:______________________________ Date:_____________