**Speaker Submission Form**

**DCOTA Hot Topics Series**

**Presentation Information**

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| Name: |
| Title: Credentials |
| Content Category  □ Education □ Clinical Education  □ Research □ Physical Disabilities  □ Program Development □ Pediatrics/ School  □ Mental Health □ Geriatrics |
| **Contact Information**  Email address:  Telephone number:  Mailing Address: |
| Title of Presentation: |
| Abstract (Tell us what your presentation is about in 300 words or less) |
| Objectives: ( List a minimum of 3) |

Please email this form and CV to Jill Schie email address: jill.c.schie@medstar.net

If you have questions you may email or call me at 202-877-6121

Thank you for your interest in DCOTA’s Hot Topic Series!