ABSTRACT FORM—FORMAT I

2009 DC Metro Chapter Conference

TITLE:

AUTHOR(S):

BACKGROUND/OBJECTIVES:

METHODS:

RESULTS:

CONCLUSIONS:

SINGLE ORAL❑ GROUP PANEL❑ WORKSHOP Session❑ POSTER❑ *(check one)*

SUBJECT CATEGORY & NUMBER: _____

POPULATIONS *(one or two)*: 1. _____

2. _____

If you are not accepted for an oral session, are you willing to be considered for a poster session? Yes ❑ No❑

PRESENTER CONTACT INFORMATION

Name:

Address:

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Submit completed Abstracts to: Melanie Mitchell c/o NASW DC Metro, PO Box 75236, Washington, DC 20013
or email abstracts@naswmetro.org * (type "ABSTRACT 2009" in subject line)
or fax 202-336-8347

*Receipt of all proposals will be acknowledged, call if you do not receive a confirmation.

ABSTRACT FORM—FORMAT II

2009 DC Metro Chapter Conference

TITLE:

AUTHOR(S):

ISSUE:

SETTING:

PROJECT:

RESULTS:

IMPLICATIONS FOR SOCIAL WORK:

SINGLE ORAL❑ GROUP PANEL❑ WORKSHOP Session❑ POSTER❑ *(check one)*

SUBJECT CATEGORY & NUMBER: _____

POPULATIONS *(one or two)*: 1. _____

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