



**CALL FOR PRESENTERS
SOUTHWEST VETERINARY
SYMPOSIUM**

The Southwest Veterinary Symposium invites proposals for future presentations at SWVS.

1. PLEASE COMPLETE THIS FORM AS A COVER PAGE FOR YOUR PROPOSAL. Proposal details should be attached. Please be sure to describe presentation specifics including objectives and a description of what topics would be covered during the presentation in your proposal.

Note: Submissions without an attached proposal details will not be considered.

2. CONTACT INFORMATION

First Name: _____ MI: _____ Last Name: _____ Degree: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Business Phone: _____ FAX: _____ Email: _____

Member of (circle one): ARVMA, LVMA, NMVMA, OKVMA, TVMA Other: _____

3. PRESENTATION INFORMATION

Title: _____

Presentation Type: () Lecture () Interactive Lab **Presentation Length:** _____

(Please note that speakers who can present multiple titles that equal a half to a full day of programming have a greater chance of being accepted to the educational program).

4. CHECK THE TOPIC AREA FOR THIS PRESENTATION

<p>Companion Animal</p> <p>() Anesthesiology/Pain Management Neurosurgery, Orthopedic, Radiology</p> <p>() Animal Behavior</p> <p>() Avian, Exotics, Wildlife</p> <p>() Clinical Pathology</p> <p>() Dentistry, General Surgery, Ophthalmology</p> <p>() Dermatology</p> <p>() Endocrinology, Endoscopy, Gastroenterology, Geriatrics, Urinary</p> <p>() Human-animal Bond</p> <p>() Infectious Diseases, Neurology, Pharmacology, Respiratory</p> <p>() Miscellaneous (Immunology, Emergency/Critical Care, Nutrition, Reproduction)</p>	<p>Food Animal/Equine</p> <p>() Aquatic Animal</p> <p>() Bovine</p> <p>() Complementary/Alternative</p> <p>() Equine</p> <p>() Small Ruminant</p> <p>() Swine</p> <p>() Non-Traditional/Exotics</p> <p>() Technician/Hospital Personnel</p> <p>() Professional Development/Wellness</p> <p>() Integrative Medicine</p>	<p>Practice Management</p> <p>() Communications</p> <p>() Gender/Generational Issues</p> <p>() Health Wellness</p> <p>() Ethics</p> <p>() Informatics</p> <p>() Legal Issues</p> <p>() Practice Management</p> <p>() Diagnostic Lab</p> <p>() Other</p> <p>_____</p>
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5. SUBMIT YOUR COMPLETED PROPOSAL TO:

SWVS
801 E. Plano Parkway, Suite 208
Plano, TX 75074
Email: michelle@swvs.org Tel: 972-664-9802 Fax: 972-850-7469
Attention: Michelle Northcutt, CE Program Director