

**Breakout Session Presentation Form**  
**“ICAN, You Can, We Can – Together it is POSSIBLE!”**  
**Second Annual Collegiate ATOD Prevention Conference**  
**September 29-30, 2003**  
**Bloomington, IN**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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P: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ F: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ em: \_\_\_\_\_

**Please limit your session to the following areas: *environmental/policy change, law enforcement initiatives, successful prevention initiatives, building campus/community partnerships, and research/data.* You will have one hour (60 minutes) for your presentation, with 15 minutes allotted for introductions, evaluations, and Q and A (you may allow more time for Q and A within your 60 minutes). Please attach a brief introduction for each person presenting. A facilitator will be present in your session to introduce you, keep the session on time, and receive the evaluations.**

Breakout Session Title: \_\_\_\_\_

Abstract: \_\_\_\_\_

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Learning Objectives: \_\_\_\_\_

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Please circle the AV equipment needed (please bring your own if available):

LCD projector   overhead projector   flip chart/markers   laptop computer with CD drive

**Please return this form, by JUNE 1, to:**  
**Emily Davis, 55 Monument Circle, #455 Indianapolis, IN 46204**  
**F: 317-638-3540 em: edavis@mentalhealthassociation.com**

