

MIDDLE ATLANTIC STATES CORRECTIONAL ASSOCIATION  
2009 ANNUAL CONFERENCE  
*The Challenge of Corrections: Professional Growth for Positive Change*  
June 7 - 10, 2008  
Doubletree Hotel  
Annapolis, Maryland

**2009 CALL FOR PRESENTERS**  
**PROPOSALS ARE DUE BY February 28, 2009**

MASCA invites you to submit workshop proposals for consideration on subjects that will help juvenile and adult correctional practitioners deal more effectively with the challenges of today's workplace. Workshops should explore effective strategies and best practices, focusing specifically on how they are being applied in the field of adult and juvenile corrections at the local, county, state and federal levels. Topics can include the following: Adult Institutions, Juvenile Facilities, Adult and Juvenile Probation, Parole and Aftercare, Reentry, Community Residential Facilities, Treatment and Behavioral Management, Administration and Management Issues, Staff Development, Research and other topics related to the Conference theme.

**WORKSHOP PROPOSAL FORM**

Please attach this form to the front of your submission. Use one form for each proposal if submitting more than one.

**Person Submitting Proposal:**

Name: \_\_\_\_\_ Agency/Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Workshop Title:** \_\_\_\_\_

**Topic Area:** \_\_\_\_\_

**Presenter(s) Name(s), Title(s), Organization(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: All Workshop Slots Are 90 Minutes in Length**

**Please include the following:**

- A 200 word description of topic on 8 ½" x 11" paper
- Learning Objectives for the Presentation
- Brief Biographies of Presenters

**Presenter Agreement:**

If this proposal is accepted by MASCA, the undersigned guarantees that he/she is the sole proprietor of this material, that no proprietary rights or copyrights belonging to any other person or organization exists. The undersigned agrees that no fees or reimbursement of expenses will be paid by MASCA unless agreed upon otherwise and in advance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please E-Mail (*Preferred*), fax or mail your proposal by January 31, 2009 to:**

Joseph Rinaldi  
Westchester County Probation Department  
111 Martin Luther King Blvd., 6<sup>th</sup> floor  
White Plains, NY 10601-2523

Email: [jrr6@westchestergov.com](mailto:jrr6@westchestergov.com)  
Phone: 914-995-3508  
Fax: 914- 995-6261

PLEASE FEEL FREE TO MAKE COPIES AND SHARE WITH OTHERS.