	<b>SOUTH TEXAS FAMILY SUPPORT CONFERENCE</b> <i>The South Texas Family Support Conference shall continue to</i> <i>strengthen families and individual's awareness of available</i> <i>behavioral healthcare services through culturally</i> <i>sensitive education, supports and partnerships</i>
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Name:	□ Presenter □ Participant
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1. TITLE OF PRESENTATION:

## 2. DESCRIPTION OF PRESENTATION:

**3. PLANNED PARTICIPANTS for this session, in order of appearance:** Presiding: Presenting (titled paper) (NOTE: No individual may participate in the program more than twice.)

## 4. AUDIO VISUAL REQUIREMENTS for the entire session:

Audio visual need requests must be submitted at the time of your proposal. Late requests will not be guaranteed as they will be subject to availability.