

# Call for Presenters 2025!

The Wisconsin Council on Problem Gambling, Inc. will be hosting its 26th Annual Statewide Compulsive Gambling Awareness Conference.

The Conference will take place March 19-21, 2025 at Stoney Creek Hotel & Conference Center in Onalaska, Wisconsin

## Suggested Presentation Areas Include (but are not limited to):

- Assessment, Treatment and Recovery
- Public Awareness
- Outcome and Social Cost
- Prevention and Impact of Gambling
- Effects on Select Populations
- Topics Concerning Adolescents, Older Adults, and Women
- Intervention
- Ethics
- Support for the Family
- Co-Occurring Disorders

## Who Attends This Conference?

- People involved in research, treatment and prevention of problem gambling
- Criminal Justice Personnel
- Mental Health Professionals
- Employee Assistance Personnel
- Human Resource Staff
- Gaming Industry Personnel
- Educators and Students
- Compulsive Gamblers
- Elected Officials
- Friends and Family Members of Problem Gamblers

Please fill out the attached Presenters Application form on back or go to the WCPG website to fill out an online application: [wi-problemgamblers.org](http://wi-problemgamblers.org)

If submitting more than one presentation, please copy and complete an application form for each submission.

TO SUBMIT A PROPOSAL OR FOR MORE INFORMATION PLEASE CONTACT:

CONFERENCE COORDINATOR

WISCONSIN COUNCIL ON PROBLEM GAMBLING, INC.  
1585 ALLOUEZ AVE.  
GREEN BAY, WI 54311

PHONE: (920)437-8888  
FAX: (920)437-8995  
EMAIL: [CONFERENCE@WI-PROBLEMGAMBLERS.ORG](mailto:CONFERENCE@WI-PROBLEMGAMBLERS.ORG)

**Deadline to submit  
Proposal is  
August 31, 2024**



**WISCONSIN COUNCIL**  
ON PROBLEM GAMBLING

# Presenter Application

(Incomplete submissions will not be considered.)  
(Information provided will be used in Conference Brochure)

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Honorarium Requested \_\_\_\_\_

Presentation Title \_\_\_\_\_

Please indicate the level of your presentation: Beginner \_\_\_ Intermediate \_\_\_ Advanced \_\_\_ \*can chose more than one

Are you submitting for a workshop: Y/N Are you submitting for a preconference workshop - 4 or 6 hours: Y/N

Are you submitting for a keynote: Y / N

(Please note that this information will be used for CEU applications & brochure if selected.)

**Please submit a typed paragraph describing your presentation and at least three (3) goals and objectives for your presentation. (Please email {preferred method}, fax, or mail the presentation proposal.)**

Description of Presentation: (Please attach additional pages if needed)

---

---

---

---

---

---

Goals and Objectives:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Please e-mail a one paragraph professional biography to: [conference@wi-problemgamblers.org](mailto:conference@wi-problemgamblers.org)**

**\*\*Please keep a copy of the Call for Presenters application and information for your personal records\*\***