

Announces

**The Sixth Biennial Conference on Psychiatric, Psychosocial & Ethical Issues in Organ Transplantation
February 4-6, 2005**

PROPOSAL FOR WORKSHOP/SYMPOSIUM

THEME: Improving Quality of Life for Donors, Recipients and Families

FORMAT: WORKSHOP -- One & one-half hour interactive session focusing on skills development or panel-audience discussion on relevant topics. Several presentations or facilitators may be involved. The outline should describe the specific role of each presenter and discuss the nature of the interaction that will occur.
SYMPOSIUM -- Two-hour session exploring key topics in considerable depth. Time should be allotted for questions and discussion, but this format is less interactive than a workshop.

Categories for proposals are listed below. Please check the appropriate category for which you are submitting a proposal.

- | | |
|---|--|
| <input type="checkbox"/> Quality of Life Issues | <input type="checkbox"/> Family and Group Supports |
| <input type="checkbox"/> Adherence and Coping | <input type="checkbox"/> Faith and Spirituality in Transplantation |
| <input type="checkbox"/> Organ Donation | <input type="checkbox"/> Transplant Psychopharmacology |
| <input type="checkbox"/> Living Donation | <input type="checkbox"/> Legal and Judicial Concerns |
| <input type="checkbox"/> Assessment of Candidates | <input type="checkbox"/> Ethical Dilemmas |
| <input type="checkbox"/> Abstinence and Substance Abuse | <input type="checkbox"/> Outcomes |
| <input type="checkbox"/> Death, Dying and Palliative Care | <input type="checkbox"/> Alternative Health Care |
| <input type="checkbox"/> Xenotransplantation | <input type="checkbox"/> Emotional Distress |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Other _____ |

DEADLINE: Proposals must be postmarked no later than NOVEMBER 1, 2004

Presentation Preference:

Check one: Workshop Symposium

Mail ORIGINAL plus ten (10) copies of page 2 (with no author's name) to:

Curley L. Bonds, MD
UCLA NPI
760 Westwood Plaza
Room B8-241
Los Angeles, CA 90024
FAX: 310-206-2072

Has material been presented previously? Yes No

When? _____

Where? _____

PowerPoint projector will be provided. If alternate audio/visual equipment is preferred, please specify: _____

Name and complete mailing address of WORKSHOP/SYMPOSIUM CHAIR PERSON:
(Please print or type)

Complete name, academic degree, street, state, and zip

Telephone No: (_____) _____

FAX No: (_____) _____

email address: _____

Affiliation _____

Names and academic degrees of all presenters:

USE REVERSE SIDE OF THIS FORM FOR PROPOSAL

PROPOSAL FORM

Please type in a 10 point font/typeface
(Times Roman preferred)
and **must** fit in the space below.

FOR REVIEWER USE

- 1 2 3 4 + -

Reviewer's Signature

FOR OFFICE USE

DATE: _____

TIME: _____

Name of Workshop/Symposium Chair:

TITLE:

PROPOSAL OUTLINE: (include Topics of each speaker, brief summary or outline of each topic to be covered)

LEARNING OBJECTIVES (must be completed):

- 1.
- 2.
- 3.

LITERATURE REFERENCES (as appropriate):