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| **SC ACDA 2021 FALL CONFERENCE**  **Date TBD** |  |

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**INTEREST SESSION PROPOSAL FORM**

**Application Deadline: July 1, 2021**

**Complete and submit to:**

Lizzi Elliott

1134 Old Thompson Ave.

Lancaster, SC 29720

**Session Title:**   
**Description of Session: *A typed description may be attached, if needed.***

**Proposed Clinician:**

*Name*

*Address*  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Email Address Phone Number*  
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*Current ACDA membership number Expiration Date*

**Session recommended by (if not submitting yourself):**  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name*  
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*Email Address Phone Number*