

2026 Washington State Prevention Summit Call for Proposals

This document is for reference only. All presentation proposals should be submitted through the presentation proposals online form.

Thank you for your interest in presenting at the 2026 Washington State Prevention Summit. We anticipate that workshops will be between 45-60 minutes, and the keynote presentations approximately 60 minutes; however, that is subject to change depending on the number as well and types of proposals received.

Event Details:

Dates: October 28-29, 2026

Location: Hotel Murano, Tacoma, WA

Proposals Deadline: July 31, 2026

***Please Note:** The Prevention Summit is primarily grant-funded and has limited funding available to support speaker costs and fees. We value and understand the amount of time and effort that goes into providing a high-quality presentation. We are seeking speakers who may be able to donate their time and/or who are able to accommodate a smaller fee for your service. Speaker fees may be negotiated based upon the specifics of the presentation proposal as well as based upon the funding availability. Registration fees and/or travel and hotel fees may also be waived or paid for as negotiated.*

*indicates required question

Page 1

***Email:** Click or tap here to enter text.

Presenter/Author's Details

***Name (First and Last):** Click or tap here to enter text.

Preferred Pronouns: Click or tap here to enter text.

***Email Address:** Click or tap here to enter text.

***Agency/Organization you are representing:** Click or tap here to enter text.

***Job Title:** Click or tap here to enter text.

Credentials: Click or tap here to enter text.

***Contact Phone Number:** Click or tap here to enter text.

***Biography:** Click or tap here to enter text.

***Do you have one or more co-presenters to add?**

Yes

No

Page 2 – Co-Presenter 1 Details (if needed)

***Email:** Click or tap here to enter text.

Presenter/Author's Details

***Name (First and Last):** Click or tap here to enter text.

Preferred Pronouns: Click or tap here to enter text.

***Email Address:** Click or tap here to enter text.

***Agency/Organization you are representing:** Click or tap here to enter text.

***Job Title:** Click or tap here to enter text.

Credentials: Click or tap here to enter text.

***Contact Phone Number:** Click or tap here to enter text.

***Biography:** Click or tap here to enter text.

***Do you have one or more co-presenters to add?**

Yes

No

Page 3 – Co-Presenter 2 Details *(if needed)*

***Email:** Click or tap here to enter text.

Presenter/Author's Details

***Name (First and Last):** Click or tap here to enter text.

Preferred Pronouns: Click or tap here to enter text.

***Email Address:** Click or tap here to enter text.

***Agency/Organization you are representing:** Click or tap here to enter text.

***Job Title:** Click or tap here to enter text.

Credentials: Click or tap here to enter text.

***Contact Phone Number:** Click or tap here to enter text.

***Biography:** Click or tap here to enter text.

***Do you have one or more co-presenters to add?**

Yes

No

Page 4 – Co-Presenter 3 Details *(if needed)*

***Email:** Click or tap here to enter text.

Presenter/Author's Details

***Name (First and Last):** Click or tap here to enter text.

Preferred Pronouns: Click or tap here to enter text.

***Email Address:** Click or tap here to enter text.

***Agency/Organization you are representing:** Click or tap here to enter text.

***Job Title:** Click or tap here to enter text.

Credentials: Click or tap here to enter text.

***Contact Phone Number:** Click or tap here to enter text.

***Biography:** Click or tap here to enter text.

***Do you have one or more co-presenters to add?**

Yes

No

Page 5 – Co-Presenter 4 Details *(if needed)*

***Email:** Click or tap here to enter text.

Presenter/Author's Details

***Name (First and Last):** Click or tap here to enter text.

Preferred Pronouns: Click or tap here to enter text.

***Email Address:** Click or tap here to enter text.

***Agency/Organization you are representing:** Click or tap here to enter text.

***Job Title:** Click or tap here to enter text.

Credentials: Click or tap here to enter text.

***Contact Phone Number:** Click or tap here to enter text.

***Biography:** Click or tap here to enter text.

***Do you have one or more co-presenters to add?**

Yes

No

Page 6 – Submission Details

***Presentation Criteria**

There are many strategies confirmed by research that positively impact health behaviors and choices of young people. We ask that all presentation align with the strategies outlined in [Washington's Best Practices for Substance Abuse Prevention and Mental Health Promotion Guide Prevention tools: What works, what doesn't](#). If your presentation proposal appears to carry severe risks and propose ineffective strategies which can cause harm to attendees by unintentionally reinforcing and promoting pro-use attitudes, this may affect the acceptance of your proposal for the Prevention Summit. **Please confirm that you have reviewed the [Washington's Best Practices for Substance Abuse Prevention and Mental Health Promotion Guide, Prevention Tool: What Works, What Doesn't](#) document, and your presentation meets these criteria.**

I have reviewed the document and confirm that my presentation meets these criteria.

[Review Prevention Tools What Works and What Doesn't Document Here](#)

***Have you or any of your co-presenters presented at the Washington State Prevention Summit before?**

Yes, within the last 3 years.

Yes, over years ago.

No, this will be our first time presenting.

***Presentation title:** Click or tap here to enter text.

***Presentation type:**

Keynote Session

Workshop Session

Both Keynote and Workshop Session

***What track are you submitting a presentation proposal for?**

Youth Track

Adult Track

Both Tracks

***Content and Purpose of Your Presentation:** Describe your presentation content and focus. Why is your topic important for Prevention Professionals to learn about? *Please keep this as precise as possible as this is what will be used for the Summit program.* Click or tap here to enter text.

***Objectives of Presentation:** Share with us what skills/understanding attendees will take away from attending your presentation. Click or tap here to enter text.

***How will your presentation be interactive?** We want to ensure we invite highly interactive and engaging sessions, especially for sessions catered to Youth. Please share with us how you plan to interact with and engage the audience throughout your session. This can include sharing with us skill-building tasks, hands-on activities that will be done during the session. Click or tap here to enter text.

***Presentation topic area(s):** Check all that apply.

- Current and emerging substance and drug use issues/trends
- Data evaluation in substance use prevention programming
- Engaging tribal partners, community members and sectors into youth substance use prevention efforts
- Environmental and policy strategies to address substance Use
- Evidence-based program implementation in different contexts/populations with a variety of different populations of focus
- Increasing youth's knowledge, passion, and leadership in substance use prevention
- Intersection of substance use prevention and other health and social issues (to include Mental health promotion and suicide prevention)
- Practical tools and application for prevention professionals and community coalitions
- Prevention of youth gaming and gambling
- Prevention of substance use across the lifespan
- Substance use prevention media campaign messaging
- Tribal implementation of youth substance use prevention strategies
- Other (please specify):

***Presentation level of knowledge:**

- Beginning (no prior prevention knowledge needed)
- Intermediate (some prior knowledge of topic needed)
- Advanced (content is for those with an advanced understanding of prevention)

***Do you have a preferred presentation date?** *If you are available for both days, please check both boxes.*

- Wednesday, October 28, 2026
- Thursday, October 29, 2026
- I am available both days.

***Please tell us your proposed speaker fee:** Click or tap here to enter text.

***Would you like a waived registration fee?**

- Yes
- No

***Would you like your lodging fees paid for?**

- Yes

No

***Do you anticipate any additional travel fees? (i.e. parking fees, flight, etc.)** Click or tap here to enter text.

Please add any additional questions, comments, or clarifications you have that would be important for the Prevention Summit team to be aware of as we review your presentation proposal (i.e. availability at certain times, etc.) Click or tap here to enter text.

***We are also seeking speakers who may be interested in being the Master of Ceremonies (Emcee) for the entirety of the Summit. Is this something you may be interested in?** Yes No

Please note that if your presentation is accepted, here are some initial tentative arrangements to consider for on-site presentation set-up:

- *Every presentation room will be equipped with a screen and microphone. Please plan to bring your presentation on a laptop. We will have a standard HDMI & USB-C connector in each room. If additional connectors are needed, it is the responsibility of each speaker to bring it.*
- *Please bring any handouts or supplies needed to ensure successful facilitation of your presentation.*