**The First National Conference of Association of Psychiatric Social Work Professionals (APSWP) 2024**

**Conference Workshop Abstract Submission Format**

* The submitted information may be published in the website.

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| **Title of the workshop** |  |
| **Name of the facilitator(s)** |  |
| **Designation and Affiliation** (Institute/Organization) |  |
| **City & Country** |  |
| **Abstract.** (Brief introduction, Significance, Objectives, Content and Presentation methods) **maximum 300 words** |  |
| **3 Expected learning outcomes** |  |
| **Workshop is intended for** (Please select whichever is appropriate): |  |
| **Maximum No. of participants accommodated:** |  |
| **Brief about the facilitator**  **(Maximum 150 words)** |  |
| **Facilities needed for the Workshop** (Select whichever is needed) |  |
| **Email, contact number and website address** (if any) |  |
| **Any other requirements?** |  |