



# Call for Presentations

## National Conference on Gambling Addiction & Responsible Gambling 2025

Submission Deadline: December 6, 2024

**PLEASE NOTE: This document is intended as a submission guide only; all conference presentation proposals must be submitted online at <https://ncpgconference.org/cfp/>. Proposals submitted any other way will not be accepted or considered.**

Page: Presentation

Presentation Title \*

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Summary / Abstract \*

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Learning Objective #1 \*

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**Learning Objective #2 \***

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**Will you highlight information specific to diversity, equity, and inclusion in this session? \***

Select one option

- Yes
- No

**If yes, please explain how: \***

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**Presentation Type \***

*Please choose the presentation type below that best aligns with your proposed session.*

Select one option

- Individual Expert Lecture (Lead presenter only)
- Multiple Expert Lecture (Lead presenter & up to 2 co-presenters)
- Moderated Panel Discussion (Moderator & up to 3 panelists)
- Interactive Workshop with Audience Group Activities (Lead presenter & up to 2 co-presenters)

**Preferred Presentation Format. \***

*Preferences will be considered but not guaranteed.*

Select one option

- Pre-Conference Workshop: 3 hours (July 16, 2025)
- Main Conference Breakout: 1 hour (July 17 or 18, 2025)
- Main Conference Poster Presentation: 30 minutes (July 17 or 18, 2025)
- Main Conference Presentation Showcase: 5-10 minutes (July 17 or 18, 2025)

**Preferred Presentation Format. \***

*Preferences will be considered but not guaranteed.*

Select one option

- Pre-Conference Workshop: 3 hours (July 16, 2025)
- Main Conference Breakout: 1 hour (July 17 or 18, 2025)
- Main Conference Prevention Showcase: 5-10 minutes (July 17 or 18, 2025)

**Preferred Presentation Format. \***

*Preferences will be considered but not guaranteed.*

Select one option

- Pre-Conference Workshop: 3 hours (July 16, 2025)
- Main Conference Breakout: 1 hour (July 17 or 18, 2025)

**Preferred Presentation Format. \***

*Preferences will be considered but not guaranteed.*

Select one option

- Pre-Conference Workshop: 3 hours (July 16, 2025)
- Main Conference Breakout: 1 hour (July 17 or 18, 2025)

**Consideration for Virtual Presentation Format \***

Are you willing to be considered for a virtual presentation (30-90 minutes, Dates TBD) in addition to an in-person presentation at the conference?

Select one option

- Yes
- No

### Session Themes \*

Please select up to three themes that sufficiently reflect the content of your presentation. These themes are intended to make it easier for attendees to navigate and find sessions relevant to their interests. Full description of each theme available [HERE](#).

*Check max 3.*

Select one or more options

- Unsure - Help Me Decide
- Prevention
- Recovery
- Responsible Gambling
- Treatment
- Regulation
- Research
- Population of Focus
- Tribal Gaming
- Technology and Innovation
- Workforce Development

**Please outline an agenda of your presentation for CE purposes. \***

**Session Lengths:**

Pre-Conference Workshop: 3 hours

Main Conference Breakout: 1 hour

Main Conference Poster Presentation: 30 minutes

Main Conference Prevention Showcase: 5-10 minutes

**Example Presentation Agenda:**

5 minutes – Introduction

15 minutes – Types and Uses of Genograms

20 minutes – Develop Your Genogram

20 minutes – Demonstration of Therapeutic Uses

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**By clicking, I confirm that I have read and understand the Presenter Registration Policy \***

NCPG recognizes and values the work, time and energy that you have invested in preparing your presentation. The following Presenter Registration Policy is designed to acknowledge and reward the efforts and expertise that presenters bring to each NCPG event.

Within this policy, a single Virtual Session, Pre-Conference day, and Main Conference two-day are each defined as an “event”.

A Lead Presenter will receive one complimentary registration for the specific event during which they are presenting. Complimentary registration entitles the Lead Presenter to participate as an attendee in any additional session(s) within that event. If a Lead Presenter wishes to attend an event separate from that which they are presenting, they will need to complete and pay for their registration for that event separately. Lead Presenter registrations are non-transferable. A Lead Presenter will only be provided with one complimentary registration per event.

Co-Presenters will not receive complimentary registration for the event during which they are presenting and must complete and pay for any and all applicable registrations.

Lead Presenters and Co-Presenters are responsible for arranging and paying for their own travel, accommodation and other related expenses.

**To continue with your submission, please check the box below to confirm that you have read and understand this Presenter Registration Policy.**

Thank you in advance for your interest in presenting on the NCPG stage. We look forward to reviewing your submission!

Select one or more options

I Understand

**Page: Presenter Information**

**Lead Presenter's First Name \***

*First Name as you want it to appear in NCPG materials.*

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**Lead Presenter's Last Name \***

*Last Name as you want it to appear in NCPG materials.*

---

**Lead Presenter's Credentials**

*Check all that apply.*

Select one or more options

- PhD
- MD
- MPH
- MS
- MSW
- ICGC-I
- ICGC-II
- BACC
- ICOGS
- IGDC
- Another Credential (please list)

**Please list credential \***

---

**Lead Presenter's Organization \***

*If you are not affiliated with an organization or workplace, please put N/A in this space.*

---

**Address Provided \***

*This information is intended to facilitate continuing education accreditation for the conference and will not be used for any other purpose.*

Select one option

- Work Address
- Personal Address

**Address \***

Street:

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Line2:

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City:

---

CountryCode:

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State:

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Zip:



**Lead Presenter's Email \***

---

**Lead Presenter's Phone Number \***

*For NCPG internal presenter communication only.*

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**Lead Presenter's Biography \***

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**Is the Lead Presenter an NCPG Member? \***

Select one option

- Yes
- No
- I am not sure

To help NCPG better understand and serve our community, we invite you to provide the following demographic information as part of your presentation submission. **The following fields are not required.**

Please be assured that this information will not be used to assess individual submissions but will be solely utilized for generating overall statistics to ensure the event aligns with our commitment to diversity and inclusivity.

**Lead Presenter's Pronouns**

*Demographic Information (Optional)*

Select one option

- She/Her
- He/Him
- They/Them
- Prefer Not to Share
- Another Designation (please list)

**Lead Presenter's Pronouns (please list)**

---

**Lead Presenter's Gender Identity**

*Demographic Information (Optional)*

Select one option

- Woman/Cisgender Woman
- Transgender Woman
- Man/Cisgender Man
- Transgender Man
- Non-Binary
- Prefer Not to Share
- Another Designation (please list)

**Lead Presenter's Gender Identity (please list) \***

---

**Lead Presenter's Race/Ethnicity**

*Demographic Information (Optional)*

*Check all that apply.*

Select one or more options

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer Not to Share
- Another Designation (please list)

**Lead Presenter's Race/Ethnicity (please list)**

---

**Lead Presenter's Military Service Status**

*Demographic Information Optional*

Select one option

- Civilian, No Military
- Current/Active Military
- Reservist
- Prior Service/Retired
- Prefer Not to Share

**Are there Co-Presenters/Panelists for this presentation? \***

*IMPORTANT: Only the Lead Presenter will receive complimentary registration.*

*If you are submitting a proposal for a panel session, please list Panelists as Co-Presenters.*

*If you are a student presenting research, please do not list your academic advisor as a Co-Presenter if they are not physically presenting during the session with you.*

Select one option

- No
- Yes

**How many Co-Presenters are in this presentation? \***

Select one option

- 1 Co-Presenter
- 2 Co-Presenters or Panelists
- 3 Panelists

**Co-Presenter's First Name \***

*First Name as you want it to appear in NCPG materials.*

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**Co-Presenter's Last Name \***

*First Name as you want it to appear in NCPG materials.*

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**Co-Presenter's Credentials**

Select one or more options

- PhD
- MD
- MPH
- MS
- MSW
- ICGC-I
- ICGC-II
- BACC
- ICOGS
- IGDC
- Another Credential (please list)

**Please list credential \***

---

**Co-Presenter's Organization \***

*If the Co-Presenter is not affiliated with an organization or workplace, please put N/A in this space.*

---

**Address Provided \***

*This information is intended to facilitate continuing education accreditation for the conference and will not be used for any other purpose.*

Select one option

- Work Address
- Personal Address

**Address \***

Street:

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Line2:

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City:

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CountryCode:

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State:

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Zip:

**Co-Presenter's Email \***

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**Co-Presenter's Phone Number \***

*For NCPG internal presenter communication only.*

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## Co-Presenter's Biography \*

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### Is the Co-Presenter an NCPG Member? \*

Select one option

- Yes
- No
- I am not sure

To help NCPG better understand and serve our community, we invite you to provide the following demographic information for the Co-Presenter as part of the presentation submission. **The following fields are not required.**

Please be assured that this information will not be used to assess individual submissions but will be solely utilized for generating overall statistics to ensure the event aligns with our commitment to diversity and inclusivity.

### Co-Presenter's Pronouns

*Demographic Information (Optional)*

Select one option

- She/Her
- He/Him
- They/Them
- Prefer Not to Share
- Another Designation (please list)

**Co-Presenter's Pronouns (please list)**

---

**Co-Presenter's Gender Identity**

*Demographic Information (Optional)*

Select one option

- Woman/Cisgender Woman
- Transgender Woman
- Man/Cisgender Man
- Transgender Man
- Non-Binary
- Prefer Not to Share
- Another Designation (please list)

**Co-Presenter's Gender Identity (please list) \***

---

**Co-Presenter's Race/Ethnicity**

*Demographic Information (Optional)*

*Check all that apply.*

Select one or more options

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer Not to Share
- Another Designation (please list)



**Co-Presenter's Race/Ethnicity (please list)**

---

**Co-Presenter's Military Service Status**

*Demographic Information (Optional)*

Select one option

- Civilian, No Military
- Current/Active Military
- Reservist
- Prior Service/Retired
- Prefer Not to Share

**Co-Presenter #1 Information**

**Co-Presenter #1 First Name \***

*First Name as you want it to appear in NCPG materials.*

---

**Co-Presenter #1 Last Name \***

*Last Name as you want it to appear in NCPG materials.*

---

**Co-Presenter #1 Credentials**

Select one or more options

- PhD
- MD
- MPH
- MS
- MSW
- ICGC-I
- ICGC-II
- BACC
- ICOGS
- IGDC
- Another Credential (please list)

**Co-Presenter #1 Credential (please list)**

---

**Co-Presenter #1 Organization \***

*If Co-Presenter #1 is not affiliated with an organization or workplace, please put N/A in this space.*

---

**Co-Presenter #1 Address Provided \***

*This information is intended to facilitate continuing education accreditation for the conference and will not be used for any other purpose.*

Select one option

- Work Address
- Personal Address

**Co-Presenter #1 Address \***

*This information is intended solely for continuing education purposes and will not be used for any other purpose.*

Street:

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Line2:

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City:

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CountryCode:

---

State:

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Zip:

**Co-Presenter #1 Email \***

---

**Co-Presenter #1 Phone Number \***

*For NCPG internal presenter communication only.*

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## Co-Presenter #1 Biography \*

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### Is Co-Presenter #1 an NCPG Member? \*

Select one option

- Yes
- No
- I am not sure

To help NCPG better understand and serve our community, we invite you to provide the following demographic information as part of your presentation submission. **The following fields are not required.**

Please be assured that this information will not be used to assess individual submissions but will be solely utilized for generating overall statistics to ensure our event aligns with our commitment to diversity and inclusivity.

### Co-Presenter #1 Pronouns

*Demographic Information (Optional)*

Select one option

- She/Her
- He/Him
- They/Them
- Prefer Not to Share
- Another Designation (please list)

**Co-Presenter #1 Pronouns (please list)**

---

**Co-Presenter #1 Gender Identity**

*Demographic Information (Optional)*

Select one option

- Woman/Cisgender Woman
- Transgender Woman
- Man/Cisgender Man
- Transgender Man
- Non-Binary
- Prefer Not to Share
- Another Designation (please list)

**Co-Presenter #1 Gender Identity (please list)**

---

**Co-Presenter #1 Race/Ethnicity**

*Demographic Information (Optional)*

*Check all that apply.*

Select one or more options

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer Not to Share
- Another Designation (please list)

**Co-Presenter #1 Race/Ethnicity (please list)**

---

**Co-Presenter #1 Military Service Status**

*Demographic Information (Optional)*

Select one option

- Civilian, No Military
- Current/Active Military
- Reservist
- Prior Service/Retired
- Prefer Not to Share

**Co-Presenter #2 Information**

**Co-Presenter #2 First Name \***

*First Name as you want it to appear in NCPG materials.*

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**Co-Presenter #2 Last Name \***

*Last Name as you want it to appear in NCPG materials.*

---

**Co-Presenter #2 Credentials**

Select one or more options

- PhD
- MD
- MPH
- MS
- MSW
- ICGC-I
- ICGC-II
- BACC
- ICOGS
- IGDC
- Another Credential (please list)

**Co-Presenter #2 Credentials**

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**Co-Presenter #2 Organization \***

*If Co-Presenter #2 is not affiliated with an organization or workplace, please put N/A in this space.*

---

**Co-Presenter #2 Address Provided \***

*This information is intended to facilitate continuing education accreditation for the conference and will not be used for any other purpose.*

Select one option

- Work Address
- Personal Address

**Co-Presenter's #2 Address \***

*This information is intended solely for continuing education purposes and will not be used for any other purpose.*

Street:

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Line2:

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City:

---

CountryCode:

---

State:

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Zip:

**Co-Presenter #2 Email \***

---

**Co-Presenter #2 Phone Number \***

*For NCPG internal presenter communication only.*

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## Co-Presenter #2 Biography \*

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### Is Co-Presenter #2 an NCPG Member? \*

Select one option

- Yes
- No
- I am not sure

To help NCPG better understand and serve our community, we invite you to provide the following demographic information as part of your presentation submission. **The following fields are not required.**

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### Co-Presenter #2 Pronouns

*Demographic Information (Optional)*

Select one option

- She/Her
- He/Him
- They/Them
- Prefer Not to Share
- Another Designation (please list)

**Co-Presenter #2 Pronouns (please list)**

---

**Co-Presenter #2 Gender Identity**

*Demographic Information (Optional)*

Select one option

- Woman/Cisgender Woman
- Transgender Woman
- Man/Cisgender Man
- Transgender Man
- Non-Binary
- Prefer Not to Share
- Another Designation (please list)

**Co-Presenter #2 Gender Identity (please list)**

---

**Co-Presenter #2 Race/Ethnicity**

*Demographic Information (Optional)*

*Check all that apply.*

Select one or more options

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer Not to Share
- Another Designation (please list)

**Co-Presenter #2 Race/Ethnicity (please list)**

---

**Co-Presenter #2 Military Service Status**

*Demographic Information (Optional)*

Select one option

- Civilian, No Military
- Current/Active Military
- Reservist
- Prior Service/Retired
- Prefer Not to Share

**Panelist #1 Information**

**Panelist #1 First Name \***

*First Name as you want it to appear in NCPG materials.*

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**Panelist #1 Last Name \***

*Last Name as you want it to appear in NCPG materials.*

---

**Panelist #1 Credentials**

Select one or more options

- PhD
- MD
- MPH
- MS
- MSW
- ICGC-I
- ICGC-II
- BACC
- ICOGS
- IGDC
- Other

**Other**

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**Panelist #1 Organization \***

*If the Panelist is not affiliated with an organization or workplace, please put N/A in this space.*

---

**Panelist #1 Address Provided \***

*This information is intended solely for continuing education purposes and will not be used for any other purpose.*

Select one or more options

- Work Address
- Personal Address

**Panelist #1 Address \***

Street:

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Line2:

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City:

---

CountryCode:

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State:

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Zip:

**Panelist #1 Email \***

---

**Panelist #1 Phone Number \***

*For NCPG internal presenter communication only.*

---

**Panelist #1 Biography \***

*100-word max.*

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**NCPG Member \***

Select one or more options

- Yes
- No
- I am not sure

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**Panelist #1 Pronouns**

*Demographic Information (Optional)*

Select one or more options

- She/Her
- He/Him
- They/Them
- Prefer Not to Share
- Other (please list)

**Please List**

---

**Panelist #1 Gender Identity**

*Demographic Information (Optional)*

Select one or more options

- Woman/Cisgender Woman
- Transgender Woman
- Man/Cisgender Man
- Transgender Man
- Non-Binary
- Gender Identity Not Listed
- Prefer Not to Answer

**Panelist #1 Race/Ethnicity**

*Demographic Information (Optional)*

*Chek all that apply.*

Select one or more options

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latinx, or Spanish
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Other

**Other**

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**Panelist #1 Veteran Status**

*Demographic Information (Optional)*

Select one or more options

- Civilian, No Military
- Current/Active Military
- Reservist
- Prior Service/Retired

**Panelist #2 Information**



**Panelist #2 First Name \***

*First Name as you want it to appear in NCPG materials.*

---

**Panelist #2 Last Name \***

*Last Name as you want it to appear in NCPG materials.*

---

**Panelist #2 Credentials**

Select one or more options

- PhD
- MD
- MPH
- MS
- MSW
- ICGC-I
- ICGC-II
- BACC
- ICOGS
- IGDC
- Other

**Other**

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**Panelist #2 Email \***

---

**Panelist #2 Phone Number \***

*For NCPG internal presenter communication only.*

---

**Panelist #2 Organization \***

*If the Panelist is not affiliated with an organization or workplace, please put N/A in this space.*

---

**Panelist #2 Address Provided \***

*This information is intended solely for continuing education purposes and will not be used for any other purpose.*

Select one or more options

- Work Address
- Personal Address

**Panelist #2 Address \***

Street:

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Line2:

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City:

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CountryCode:

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State:

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Zip:

**Panelist #2 Biography \***

*100-word max.*

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**NCPG Member \***

Select one or more options

- Yes
- No
- I am not sure

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**Panelist #2 Pronouns**

*Demographic Information (Optional)*

Select one or more options

- She/Her
- He/Him
- They/Them
- Prefer Not to Share
- Other (please list)

**Please List**

---

**Panelist #2 Gender Identity**

*Demographic Information (Optional)*

Select one or more options

- Woman/Cisgender Woman
- Transgender Woman
- Man/Cisgender Man
- Transgender Man
- Non-Binary
- Gender Identity Not Listed
- Prefer Not to Answer

**Panelist #2 Race/Ethnicity**

*Demographic Information (Optional)*

*Chek all that apply.*

Select one or more options

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latinx, or Spanish
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Other

**Other**

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## Panelist #2 Veteran Status

*Demographic Information (Optional)*

Select one or more options

- Civilian, No Military
- Current/Active Military
- Reservist
- Prior Service/Retired

## Panelist #3 Information

### Panelist #3 First Name \*

*First Name as you want it to appear in NCPG materials.*

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### Panelist #3 Last Name \*

*Last Name as you want it to appear in NCPG materials.*

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**Panelist #3 Credentials**

Select one or more options

- PhD
- MD
- MPH
- MS
- MSW
- ICGC-I
- ICGC-II
- BACC
- ICOGS
- IGDC
- Other

**Other**

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**Panelist #3 Email \***

---

**Panelist #3 Phone Number \***

*For NCPG internal presenter communication only.*

---

**Panelist #3 Organization \***

*If the Panelist is not affiliated with an organization or workplace, please put N/A in this space.*

---

**Panelist #3 Address \***

*This information is intended solely for continuing education purposes and will not be used for any other purpose.*

Select one or more options

- Work Address
- Personal Address

**Panelist #3 Address Provided \***

Street:

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Line2:

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City:

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CountryCode:

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State:

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Zip:



**Panelist #3 Biography \***

*100-word max.*

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**NCPG Member \***

Select one or more options

- Yes
- No
- I am not sure

To help NCPG better understand and serve our community, we invite you to provide the following demographic information as part of your presentation submission. **The following fields are not required.**

Please be assured that this information will not be used to assess individual submissions but will be solely utilized for generating overall statistics to ensure our event aligns with our commitment to diversity and inclusivity.

**Panelist #3 Pronouns**

*Demographic Information (Optional)*

Select one or more options

- She/Her
- He/Him
- They/Them
- Prefer Not to Share
- Other (please list)

**Please List**

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**Panelist #3 Gender Identity**

*Demographic Information (Optional)*

Select one or more options

- Woman/Cisgender Woman
- Transgender Woman
- Man/Cisgender Man
- Transgender Man
- Non-Binary
- Gender Identity Not Listed
- Prefer Not to Answer

**Panelist #3 Race/Ethnicity**

*Demographic Information (Optional)*

*Chek all that apply.*

Select one or more options

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latinx, or Spanish
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Other

**Other**

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**Panelist #3 Veteran Status**

*Demographic Information (Optional)*

Select one or more options

- Civilian, No Military
- Current/Active Military
- Reservist
- Prior Service/Retired