



Call for Presentation 2010

**Call for Presentation 2010
Seminar Proposal Application**

PART I: GENERAL INFORMATION

Proposal submitted by:	
Title:	
Organization:	
Contact phone number:	
Contact e-mail:	

Proposal submitted for:
<input type="checkbox"/> General Seminar
<input type="checkbox"/> Spring Conference- May 20, 2010
<input type="checkbox"/> Annual Convention & Trade Show- September 29 & 30, 2010

PART II: SESSION INFORMATION

Title:	
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The title must clearly convey the presentation content and may be used in promotional materials, please limit to 15 words.

Description:	
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Please include a 200 word or less narrative as an attachment or in the space above. Be sure to include in your narrative the following information:

- *How this session relates to the topics, trends, issues or challenges in long term care*
- *Outlines the information that will be addressed*
- *Identifies instructional techniques that will be used*

Learning objectives:	
1.	
2.	
3.	

Describe three learning outcomes that participants will achieve. Please limit your objectives to 15 words each. All objectives should be written as complete sentences. NOTE: If proposal is accepted for presentation, convention publications may include the learning objectives subject to editing.

Format:	<input type="checkbox"/> Lecture	<input type="checkbox"/> Panel	<input type="checkbox"/> Case Study	<input type="checkbox"/> Workshop	<input type="checkbox"/> Other: _____
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Please choose the format(s) that best describe your presentation. If other, please specify. Please be as creative as possible with your instructional methods. Other than a lecture format, it is desirable to incorporate case studies, role playing, panel presentations, interactive discussions, point/counterpoint debates, interview scenarios, etc., so the audience will gain the maximum benefit from your session.

Level of experience:	<input type="checkbox"/> Significant (10+ Years)	<input type="checkbox"/> Moderate (5-10 Years)	<input type="checkbox"/> Limited (0-5 Years)
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Please choose the level of experience that best describes the audiences best suited for your topic of presentation.

Session length:	
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Please specify the range of time needed in order to provide quality education to the intended audience (be sure to label with minutes, hours, days, etc). Note: Presentations made at the Spring Conference and Annual Convention are limited to a 1 – 2 hour presentation. If selected as a speaker we may ask that you limit your session length.

NHHCA constituency:			
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Subacute	<input type="checkbox"/> ICF/MR/DD
<input type="checkbox"/> Non-proprietary	<input type="checkbox"/> Multi-Facility	<input type="checkbox"/> Independently Owned	

Please select all that apply.

Disciplines of interest:		
<input type="checkbox"/> Administrators/ Owners/ AIT	<input type="checkbox"/> Business Office/ Front Office	<input type="checkbox"/> Care Practice
<input type="checkbox"/> Clinical Excellence	<input type="checkbox"/> Dementia/ Alzheimer's	<input type="checkbox"/> Department Supervisors
<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Dietary & Food Service	<input type="checkbox"/> Finance/ Development
<input type="checkbox"/> General Audience	<input type="checkbox"/> Human Resource	<input type="checkbox"/> Innovations & Advances
<input type="checkbox"/> Leadership	<input type="checkbox"/> Legal/ Public Policy	<input type="checkbox"/> Life Enrichment/ Activities
<input type="checkbox"/> Marketing/ PR	<input type="checkbox"/> Nursing Staff (LNA, RN, LPN, etc)	<input type="checkbox"/> Quality Improvement
<input type="checkbox"/> Regulations/ State Related	<input type="checkbox"/> Risk Management	<input type="checkbox"/> Social Services
<input type="checkbox"/> Staff Retention/ Performance	<input type="checkbox"/> Therapies (OT/PT)	<input type="checkbox"/> Other:

Please select all that apply.

PART III: SPEAKER INFORMATION

<i>Presenter information</i>	
Speaker name, credentials & title:	<i>(exactly as you would like to be listed in event marketing materials)</i>
Organization/company:	<i>(exactly as you would like to be listed in event marketing materials)</i>
Organization/ company	



complete address:			
Phone & fax			
E-Mail:			
NHHCA Member:	<input type="checkbox"/> yes <input type="checkbox"/> no	AHCA/NCAL Member:	<input type="checkbox"/> yes <input type="checkbox"/> no
First time NHHCA speaker: (or have not presented in the past 4 years)	<input type="checkbox"/> yes <input type="checkbox"/> no <i>(if yes please see Part V: References)</i>		
Biographical Information: <small>(Provide complete accurate information, as it may be used in promotional material. Limited to 125 words, resumes and CV's not accepted. Attach an additional sheet if necessary)</small>			

<i>Co-presenter information</i>			
Speaker name, credentials & title:	<i>(exactly as you would like to be listed in event marketing material)</i>		
Organization/company:	<i>(exactly as you would like to be listed in event marketing material)</i>		
Organization/ company complete address:			
Phone & fax			
E-Mail:			
NHHCA Member:	<input type="checkbox"/> yes <input type="checkbox"/> no	AHCA/NCAL Member:	<input type="checkbox"/> yes <input type="checkbox"/> no
First time NHHCA speaker: (or have not presented in the past 4 years)	<input type="checkbox"/> yes <input type="checkbox"/> no <i>(if yes please see Part V: References)</i>		
Biographical Information: <small>(Provide a well-written paragraph of your professional background. Do not write in the first person, as it may be used in promotional material. Limited to 125 words, resumes and CV's not accepted. Attach an additional sheet if necessary)</small>			

Please copy and attach additional sheets if more than two speakers.

PART IV: COMPENSATION

<input type="checkbox"/> I/My company am/is willing to provide this presentation at no cost to NHHCA. <i>Note: In lieu of honorarium/expenses, the NHHCA may offer each presenter a complimentary registration for that event.</i>
<input type="checkbox"/> I request an honorarium in the amount of \$_____ for the submitted topic/session.
<input type="checkbox"/> I would like reimbursement for the following items estimated in the amount of: ➔ Travel \$_____ ➔ Mileage \$_____ ➔ Meals \$_____ ➔ Accommodation \$_____
<input type="checkbox"/> I would like to discuss compensation further.

PART V: REFERENCES

NOTE: This section applies to all speakers that would be first time presenters or presenters who have not presented to a NHHCA audience in the past 4 years.

Provide a list of presentations made within the past year related to long term care:	
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Please attach an additional sheet if needed.

Reference 1:	
Name & title:	
Work affiliation:	
Contact number & e-mail:	

Reference 2:	
Name & title:	
Work affiliation:	
Contact number & e-mail:	

PART VI: DISCLAIMER & SIGNATURE

<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> N/A	I understand that the NHHCA may need to review my presentation and/ or content prior to the event, and I will provide education content and resources in advance as requested.
<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> N/A	Since I am presenting at a live event, I understand that a NHHCA monitor may be attending the event to ensure that my presentation is educational and not promotional in nature and meets the needs of the NHHCA stated objectives.
<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> N/A	If I am discussing specific health care products or services, I will use generic names to the greatest extent possible. If I need to use trade names, I will use trade names from several companies when available and not just trade names from any single company.
<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> N/A	If I have been trained or utilized by a commercial entity or its agent as a speaker for any commercial interest, the promotional aspects of that presentation will not be included in any way with this event. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principals and methods and will not promote the commercial interest of the funding company.

Indicate your understanding of and willingness to comply with each statement below by checking the appropriate box. If you have any questions regarding your ability to comply, contact the NHHCA at 603-226-4900.

Signature:	
Printed Name:	
Date:	



Send your completed Call for Presentations to the NHHCA one of 3 ways:

1. On-line submission: www.nhhca.org
2. E-Mail proposal to: spichett@nhhca.org
3. Mail proposal to:

NHHCA, attn: CFP
 125 Airport Road
 Concord, NH 03301



NOTE: By submitting via mail: I have carefully read and considered each item on this form and have completed the form to the best of my ability.

YES! Submit my call for presentation!

Interested in Exhibiting? One additional way that speakers can stay in touch with the NHHCA members is at the Annual Convention & Trade Show by becoming a Trade Show Exhibitor. More than 300 attendees will attend the event. Take advantage of this opportunity to showcase your company at the largest trade show for long-term care in New Hampshire. This trade show gives you the ability to launch new products/ services, showcase product lines, and provide hands on demonstration to the attendees. Attendees will have dedicated show times to visit each vendor. This gives you the opportunity to generate new clientele or strengthen existing clientele relationships. You don't have to be a member of the NHHCA to be an exhibitor, but there is significant savings on booth fees if you decide to become a member. The event will take place at the Radisson Hotel in Manchester on September 29 – 30, 2010. Registration for the event will be posted online at www.nhhca.org in late March. If you have questions or you would like to find out more about becoming a Trade Show exhibitor please contact Shannon Pichette, Events Coordinator at spichett@nhhca.org or 603-226-4900.

To find out more about becoming a member of the NHHCA please visit <http://www.nhhca.org/join.htm> or contact Dan Klein dklein@nhhca.org or 603-226-4900. Membership will give you access to all critical information generated from NHHCA as well as from the American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL). You will receive NHHCA publications such as monthly newsletters containing news for and about our members and a monthly regulatory bulletin containing information critical to the provision of quality care and efficient and compliant facility operation for the long term care industry from state, federal and association sources. Some of the other benefits are: listing of your company on our website, committee participation, discounts on educational seminars and much more. Think about becoming a member in 2010!



NHHCA
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