



Call for Presentations

Oregon Health Care Association

11740 SW 68th Parkway, Suite 250, Portland, OR 97223

Phone: (503) 726-5260

Fax: (503) 726-5259

www.ohca.com

Currently Accepting Proposals for the OHCA Spring Expo!

Proposals Due: November 4th, 2011

OHCA Spring Expo, March 8th—9th, 2012, Spirit Mountain Casino, Grand Ronde, OR

Who is the OHCA Audience

Thank you for your interest in being a presenter at an OHCA event. OHCA education and events reach long term care professionals representing nursing facilities, assisted living & residential care, senior retirement housing and in-home care/home health agencies. Our audience represents all disciplines from both independent and multi-facility organizations; both not-for-profit and proprietary organizations.

We strive to put together an energetic and well balanced educational program to appeal to a diverse audience and ensure that attendees leave each session equipped with effective strategies to achieve operational excellence. Our attendees have varying levels of experience in the long term care profession from significant experience (10 + years) to moderate experience (5-10 years) and limited experience (0-5 years). Speaking to this audience is a great opportunity to get involved, lead the profession and share your expertise.

Speaker Selection

Speakers will be chosen based upon the following criteria:

- Quality, timeliness & value of content
- Relevance to the needs of long-term care professionals
- Speaker Fees (*NOTE: In an effort to keep registration fees at a minimum, OHCA operates on a limited budget. Therefore, speakers who will waive the request for honorarium or fees will be given top priority*).

Submission Guidelines

- **Sessions are to be educational in nature & presenters may NOT use a session as an opportunity to spotlight a company, product or service.**
- Audience size for OHCA vary depending on topic and event.
- Submissions may be individual presentations, group presentations or panels. Individuals or groups may submit more than one proposal.
- Submitting a proposal does not guarantee that your presentation will be selected. OHCA reserves the right to make final presentation selections & edit abstracts.
- Submissions can be made online, mail, or email:

Attention: Melodie King, CMP

Oregon Health Care Association, 11740 SW 68th Parkway Suite 250, Portland, OR 97223

mking@ohca.com or <http://www.ohca.com/events-education/call-for-presentations/>



Seminar Proposal Application Form

Presenter Information

Name: _____ Credentials: _____

Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Presenter Speaking History/References

Identify your experience in making presentations to groups: Significant Moderate Limited

Speaking References:

I have spoken at a previous OHCA event:

Event: _____ Event Date: _____

Title of Presentation: _____

I will be a new speaker for OHCA. *List a recent speaking engagement & respective contact/reference.*

Contact Person: _____ Title: _____

Company: _____

Phone: _____ Email: _____

Event: _____ Event Date: _____

Title of Presentation: _____

Co-Presenters:

I will do this presentation alone.

I will have co-presenters.

Please attach biography information listing the name, credentials, company & contact information for each presenter including yourself

Presenter Requested Compensation:

My organization will sponsor the session therefore OHCA will not incur any cost for me to speak

I will need an honorarium of \$ _____ total

I will need reimbursement for the following incidental expenses: Air Travel Overnight Accommodations

Ground Travel Meal per diem

Seminar Proposal Application Form

Session Information

Session Title: _____

Session Length: _____ Difficulty Level: Introductory Intermediate Advanced

Target Audience (please choose all that apply):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Nursing Facilities | <input type="checkbox"/> In-Home Care/Home Health | <input type="checkbox"/> Senior Housing |
| <input type="checkbox"/> Clinical Excellence | <input type="checkbox"/> Culture Change | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Dementia/Alzheimer's |
| <input type="checkbox"/> Dietary | <input type="checkbox"/> Finance/Development | <input type="checkbox"/> Human Resources | <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"/> Quality Improvement | <input type="checkbox"/> Regulation & Survey | <input type="checkbox"/> Risk Management | <input type="checkbox"/> Staff Retention |
| <input type="checkbox"/> Other: <i>(Please Specify)</i> : _____ | | | |

Session Description

Include a 200 word or less narrative that relates the topics to trends, issues or challenges in long-term care and explain the value of the information. *NOTE: If this proposal is accepted for presentation, convention publications will include the following text (subject to editing).*

Learning Objectives

List three learning objectives by completing the statement, "At the conclusion of this session, the participant should be able to". Attach a separate document if necessary. *NOTE: If this proposal is accepted for presentation, convention publications will include the following text (subject to editing).*

1. _____

2. _____

3. _____
