



Request for Speaker Proposal

21st ANNUAL CONVENTION & VENDOR FAIR

Tues, November 9 and Wed, November 10, 2010



@ The Miller Campus
9750 South 300 West
Sandy, Utah

2010 Theme:

"The Next Step"

DEADLINE:

Proposals must be *received* no later than
Friday, July 2, 2010

UHPCO Office
1327 South 900 East
Salt Lake City, UT 84105

For More Information Contact:
Dan Hull, UHPCO Executive Director
801-582-2245

e-mail: homecareconnection@msn.com
website www.utahhospice.org

TOPICS OF INTEREST

We are seeking presentations, lectures, workshops, and panel discussions on hospice, end-of-life and palliative care topics consistent with our theme for 2010: "The Next Step."

Presentations should assist in educating and meeting the distinct needs of the community. The following tracks are being considered: Clinical, Leadership/Regulatory, Veterans, Social Work/Grief Management, Spiritual/Chaplaincy and Volunteers.

Presentations should seek to enhance the knowledge level of the audience without promoting a certain product, company or agency. Please complete and return Pages 1 and 2 no later than Friday, July 2 to be considered for this year's convention.

Breakout sessions on Tuesday will be 75 minutes (one hour and 15 minutes). **Breakout sessions on Wednesday will be 60 minutes.**



PRESENTATION INFORMATION

Complete both pages of this form for each person presenting. Type or print the information EXACTLY as you want it to appear in the printed program. You will be contacted regarding acceptance of your proposal once the Conference Committee has reviewed your presentation. **Please note the following requirements** prior to submitting an application to present at the UHPCO Convention to be held Tuesday, November 9 and Wednesday, November 10, 2010 at the Salt Lake Community College @ the Miller Campus, 9750 South 300 West in Sandy, Utah:

- Current photo** – for use in program
 e-mail in jpeg format to homecareconnection@msn.com
- Biographical Data** (see below)
- Title and Description Summary of Session**
- Final Presentation (**due electronically by October 29**)

BIOGRAPHICAL DATA

Presenter Information: Please print or type the following information EXACTLY as you want it to appear in the printed program for each person presenting.

Name _____
 Credentials _____
 Company _____
 Address _____
 City _____
 State _____ Zip _____
 Cell Phone (_____) _____
 Fax (_____) _____
 E-Mail _____

Biographical & Professional Experience: (One paragraph biographical description of your professional experience and/or areas of expertise to be published in the program.)

Education: (*Include basic preparation through highest degree held*)

	Institution or University	Degree Awarded	Year
1			
2			
3			

Presentation Title

Brief Description of Presentation:
 (one paragraph to be published in the program)

Presentation

- Panel Workshop Lecture
- Other _____

Audience

- All
- Clinical
- Volunteer
- Leadership / Regulatory
- Social Work / Grief Management
- Spiritual / Chaplaincy
- Other _____

Speaker Fee

- Conference Attendance on day of presentation
 Note: Panel members may attend session only
- Stipend \$ _____
- Speaker Fee (*contract required*)

\$ _____

Name: _____

PRESENTATION OBJECTIVES

1. List educational objectives for the workshop.

2. Outline of the content/topic presented and indicate to which objective(s) the content/topic is related.

3. Provide a time frame for content/topic area.

4. If there is more than one presenter, list the presenter for each topic or content area.

5. List teaching strategies used by each presenter for all topic or content areas.

PRESENTER PARTICIPATION

- A. Check how you, the presenter, were involved in planning and evaluating this presentation. *(Check all that apply)*
- Discussed the needs of the target audience
 - Developed and/or provided input on objectives
 - Established content
 - Will review evaluation(s) / summary
- B. I plan to use the following learning principles in my presentation. *(Check all that apply)*
- Establish a "need to know" of participants
 - Incorporate the use of various senses: sight, sound (AV, Hand-Outs), touch (doing)

- Engage audience in discussion based on content
- Use multiple teaching techniques to meet various learning styles of participants (lecture, discussion, Q&A)
- Incorporate the target audiences past experiences
- Establish a positive environment for learning
- Other (specify) _____

C. All presenters must declare any vested interest in order to ensure that all continuing education activities are free from bias.

- Not Applicable
- Describe

CONFLICT OF INTEREST STATEMENT

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity. If the applicant already has special forms to identify this, it does not need to be repeated on this form. Include the applicant's copy of the completed forms declaring vested interest. All planners, faculty and content specialists participating in CE activities must disclose to the audience any:

- A. Relationship with companies who manufacture products used in eh treatment of the subjects under discussion.
- B. Relationship between the planner, faculty or content specialist and commercial supporter(s) of the activity and/or
- C. Intent to discuss unlabeled uses of a commercial product, or an investigational use of a product not yet approved for this purpose.

In order to ensure balance, independence, objectivity and scientific rigor at all programs, the planners and faculty must make full disclosure indicating whether the planner, faculty or content specialist and/or his/her immediate family members have any relationships with sources of commercial support, e.g. pharmaceutical companies, biomedical device manufacturers and/or corporations whose products or services are related to pertinent therapeutic areas.

- I have no real or perceived conflicts of interest that relate to this presentation.
- I have the following real or perceived conflicts of interest that relate to this presentation (please describe below)

OFF-LABEL USE

Content: WILL WILL NOT include the discussion of an off-label use of a commercial product. If off-label use of a commercial product is included, I agree to inform learners of such.

Signed _____

Date _____