

## 2016 OHIO RURAL HEALTH CONFERENCE & FLEX ANNUAL MEETING CALL FOR PRESENTATIONS FORM

Thank you for completing a proposal to present for the 2016 Ohio Rural Health Conference and Flex Annual Meeting, which is being planned for Aug. 25 – 26, 2016. Please submit by **May 31st, 2016**.

### PROPOSED SESSION

*Please provide a session title and a session description or overview of 200 words or less. Please be specific in describing the session and intended audience(s). If selected, this description will be used for conference materials and marketing purposes and may be summarized or edited for space and clarity.*

Session Title:

Session Description:

### LEARNING OBJECTIVES

*Please list three to five learning objectives for skills that attendees will take away from your proposed session. After this presentation, attendees will...*

- 1.
- 2.
- 3.
- 4.
- 5.

### SESSION LENGTH\*

*At this time, we are planning on sessions of roughly 60 minutes in length. Please indicate if you can fill all 60 minutes with this proposal or if you would prefer to be combined with another speaker or similar topic for a shorter presentation of 30 minutes.*

Full 60 min. session

30 min. combined session

### PRIMARY CONTACT INFORMATION

Name:

Title/Organization:

Phone:

Email:

Fax:

Street Address:

City:

State:

ZIP Code:

Will the contact be speaking?

Yes

No

### AUDIOVISUAL EQUIPMENT REQUESTED

*An LCD projector, projection screen, and laptop equipped with Microsoft PowerPoint will be provided standard for each session. Please indicate any additional needs below, including internet connection, audio speakers to play video or audio clips, wireless clicker to advance slides, and any other needs.*

Other:

### SPEAKER INFORMATION

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*For each speaker, please include or attach a brief speaker biography of 200 words or less. Please describe related education, experience and expertise for the proposed session. If selected, please note that biographies may be edited for length and clarity for use in conference materials and speaker introductions.*

### SPEAKER INFORMATION: SPEAKER 1

Name:

Title/Organization:

Phone:

Email:

Fax:

Street Address:

City:

State:

ZIP Code:

Speaker biography:

### SPEAKER INFORMATION: SPEAKER 2

Name:

Title/Organization:

Phone:

Email:

Fax:

Street Address:

City:

State:

ZIP Code:

Speaker biography:

### SPEAKER INFORMATION: SPEAKER 3

**2016 OHIO RURAL HEALTH CONFERENCE & FLEX ANNUAL MEETING  
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Name:		
Title/Organization:		
Phone:	Email:	Fax:
Street Address:		
City:	State:	ZIP Code:
Speaker biography:		

***If there are costs associated with providing this presentation, please provide an attached quote.*** Please note that we cannot pay for travel expenses. All associated fees with providing the presentation must be included as part of the speaker fee. Speaker costs will be factored into the selection process.

*Please note that all speakers will be asked to provide a copy of their PowerPoint presentation and session handouts no later than two weeks prior to the conference. Presentations will be posted on the conference Web page for participants to access prior to the conference. Speakers are welcome to also bring printed handouts to provide to session participants, although this is optional.*

*Thank you for completing a proposal to present for the 2016 Ohio Rural Health Conference and Flex Annual Meeting.*

*Please submit this form via email to [Callen.Vorpi@odh.ohio.gov](mailto:Callen.Vorpi@odh.ohio.gov) no later than **May 31<sup>st</sup>, 2016.***