2009 CALL FOR CONVENTION PRESENTATIONS
PRESENTATION PROPOSAL GUIDELINES

INTRODUCTION
For years, the Health Care Association of Michigan and the Michigan Center for Assisted Living have offered a remarkable lineup of education and networking opportunities specifically targeting the needs and concerns of facility staff at all levels. The 2009 annual convention promises to uphold this long-standing tradition. If you would like to be featured as a presenter during our upcoming annual convention – scheduled for Sept. 20-23, 2009, at the Soaring Eagle Resort in Mt. Pleasant, Mich. – please submit a presentation proposal via e-mail to [enter email address here] no later than Friday, Jan. 30, 2009.

AUDIENCE
From administrators and directors of nursing to nurse managers, department managers, social workers, activity professionals, dieticians and assisted living staff, our education and networking opportunities attract a variety of long-term care professionals. Attendees are experienced and knowledgeable. They require and expect education that provides the most current information and the highest quality of expertise.

FORMAT
The annual convention offers two different educational formats: keynote sessions and breakout sessions. Three different keynote sessions, scheduled on Monday, Tuesday and Wednesday mornings, must offer education for a universal audience of long-term care professionals and must accommodate up to 600 attendees for one hour. Breakout sessions, on the other hand, may offer education for either a universal or targeted audience (e.g., clinical or dietary) and should accommodate between 40 and 200 attendees for a period of one hour.

Regardless of the format, all prospective presenters are encouraged to craft a proposal that demonstrates a dynamic and innovative plan to disseminate information. Education should be interesting, exciting, effective, unique and memorable. Use of case studies, handouts and audio/visual equipment is encouraged.

BENEFITS
Sponsorships, honorariums, hotel accommodations, mileage reimbursements, airfare, ground transportation and other expense reimbursements are awarded at the discretion of HCAM and MCAL; however, following are benefits enjoyed by all individuals who are selected to present at our annual convention:
- Increased visibility and credibility in the eyes of fellow long-term care professionals; and
- The opportunity to share ideas, knowledge and experience with both newcomers and veterans of the long-term care profession.

OVERVIEW
1. The deadline for submitting presentation proposals is Friday, Jan. 30, 2009. All proposals must be submitted as a Microsoft Word attachment via e-mail to AaronWolowiec@hcam.org. Hard copies will not be accepted.
2. Incomplete proposals or proposals that do not meet the expectations of the 2009 Presentation Proposal Guidelines will be disqualified.
3. A separate proposal must be submitted for each proposed presentation. Submissions will not be returned.
4. Promoting a company, service or product during a presentation is expressly prohibited.

SELECTION PROCESS
1. Anyone may submit a presentation proposal; however, all proposals must be submitted no later than Friday, Jan. 30, 2009.
2. Following are the core criteria that will be used to review all proposals:
- Timeliness of subject matter;
- Topic has practical applications;
- Clear, focused and well-organized proposal;
- Presenter’s qualifications;
- Presentation strategies;
- Presentation’s overall quality; and
- References from other speaking engagements.
3. HCAM and MCAL reserve the right to request modifications to a presentation proposal before final selections are made.
4. HCAM and MCAL will respond to all presentation
proposals selected by their respective committees no later than June 1, 2009. Due to the high volume of proposals we receive, please do not contact HCAM or MCAL regarding the status of your proposal(s).

5. Selected presenters will receive a complimentary one-day registration to the annual convention.
6. Selected presenters may be asked for assistance during the application process for continuing education credit.

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### 2009 CALL FOR CONVENTION PRESENTATIONS PRESENTATION PROPOSAL GUIDELINES

The deadline for presentation proposals is Friday, Jan. 30, 2009. Successful presentation proposals will be submitted as a Microsoft Word attachment via e-mail to AaronWolowiec@hcam.org and will include thorough and accurate responses to each of the questions below. In addition, every presentation proposal must include a complete Learner Objectives Form and a complete Bio Data Form for each prospective presenter.

1. This presentation proposal is submitted as a: (check one)
   - [ ] Keynote Session (one hour)
   - [ ] Breakout Session (one hour)

2. What is the proposed title? (Titles should be provocative and no more than seven words long.)

3. Who is the target audience? (check all that apply)
   - [ ] Universal (If “Universal,” skip to question four.)
   - [ ] Administrators
   - [ ] AL Directors & Staff
   - [ ] CEOs/Owners
   - [ ] Regional Directors/Managers
   - [ ] Directors of Nursing
   - [ ] Corporate Staff
   - [ ] Human Resource Directors & Staff
   - [ ] Dietary Managers & Staff
   - [ ] Admission Directors
   - [ ] Charge Nurses
   - [ ] Certified Nursing Assistants
   - [ ] Social Workers
   - [ ] Activity Professionals
   - [ ] Finance Staff
   - [ ] Environmental Services Directors & Staff
   - [ ] Marketing/Public Relations Directors
   - [ ] Consultants
   - [ ] Therapists

4. List two professional references. (Please complete the information that follows for two professional references – from two different organizations – who could speak to your presentation style/skills as a presenter. Do not include HCAM or MCAL staff members as references.)

   **No. 1:**
   - Name:
   - Title:
   - Employer:
   - Phone Number:
   - E-mail Address:

   **No. 2:**
   - Name:
   - Title:
   - Employer:
   - Phone Number:
   - E-mail Address:

5. Will you require any fees/compensation for this presentation? (check all that apply)
   Please note: All fees/compensation are awarded at the discretion of HCAM/MCAL and will be negotiated if this proposal is selected.
☐ Sponsorship Recognition: *(This information will be published in promotional materials.)*
☐ Honorarium in the Amount of $
☐ Hotel Accommodations
☐ Mileage Reimbursement
☐ Airfare
☐ Ground Transportation
1. What is the **targeted track?** *(choose one)*  
- SNF Operations & Management  
- AL Operations & Management  
- Clinical Nursing Services Operations & Management  
- Food Services Operations & Management  
- Leadership & Motivational  

2. What is the **proposed title?** *(see page two)*  

### 3. Learner Objectives  

Each learner objective must begin with one of the following words: describe, list, explain, identify, compare, interpret, examine, design or evaluate. List only one outcome per objective.  

<table>
<thead>
<tr>
<th>Content/Topic Outline</th>
<th>Time Frame</th>
<th>Presenter</th>
<th>Teaching Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide an outline of the content/topic to be presented for each learner objective. Each objective must have a directly-related content/topic outline that is more than a restatement of the objective.</td>
<td>Provide a time frame for each objective and its related content.</td>
<td>List the proposed presenter for each topic. Complete a Bio Data Form for each proposed presenter.</td>
<td>List teaching strategies (lecture, PowerPoint, handouts, etc.) that are congruent with each objective and its related content.</td>
</tr>
</tbody>
</table>

Write one simple sentence that clearly states an objective of this proposed presentation. Do not use conjunctions to make a compound sentence:  

- Create a bulleted outline of three main points that you will use to teach your audience about this learner objective.  
- 20 minutes  

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- 20 minutes  

4. **Presentation Description:** *(Please include a description, *approximately 75 words in length*, which could be used to market your proposed presentation to targeted audiences.)*  

5. **Continuing Education:** *(HCAM/MCAL will apply to the appropriate organizations/agencies for continuing education credit. Please choose all that apply.)*  

- Nursing Home Administrator  
- Certified Dietary Manager  
- Adult Foster Care Licensee  
- Registered Nurse/Licensed Practical Nurse  
- Registered Dietician  
- Social Worker  
- Activity Professional  
- Other:
2009 CALL FOR CONVENTION PRESENTATIONS
BIO DATA FORM

___ Planners       ___ ☑ Faculty/ Presenters

Name:
Degrees:
Other Credentials:
Title:
Company Name:
Mailing Address:
City, State, Zip:
Daytime Phone:
Fax:
E-mail Address:

Provide a one paragraph narrative bio that describes your expertise in this topic. If selected, this information will be published in promotional materials and it will be used as your introduction during our annual convention.

Planner, Faculty and Content Specialist 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 and any potential conflict must be resolved. 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 spouse/family has any relationships with pharmaceutical companies, biomedical device manufacturers and/or corporations whose products or services are related to pertinent therapeutic areas. All planners, faculty, content specialists and feedback specialists participating in CE activities must disclose to the audience information listed below.

A. Is there a potential conflict of interest?       ___ Yes       ___ ☑ No
   If yes, list company(ies) with relationship:
   
   Relationship
   Name of Commercial Company(ies)
   
   Research Support
   Speakers’ Bureau
   Consultant
   Shareholder
   Large Gift(s)
   Other Support

B. Discussion of unlabeled uses:       ___ Yes       ___ ☑ No
   If yes, you must disclose this information during your presentation. How will you do this?
   ___ 1. Verbal statement during the presentation
   ___ 2. Information provided on handouts
   ___ 3. Information provided in audiovisuals (slides, overhead, PowerPoint, etc.)
   ___ 4. Other, please describe:

C. How will any conflict of interest be resolved?
   ___ 1. Have discussed this conflict with individual who is now aware of and agrees to our policy.
   ___ 2. Presenter has signed a statement that says s/he will present information fairly and without bias.
   ___ 3. RN with minimum of BSN or designee will monitor session to ensure conflict does not arise.
   ___ X 4. Not applicable since no conflict of interest.
   ___ 5. Other, please describe:

All information disclosed must be shared with the audience either on the program handouts, advertising and/or audiovisual presentation.

Signature: (type your name here) Date: (type today’s date here)

☒ By checking this box, I am providing my electronic signature approving all the information entered above. (Please enter name and date above).

NOTE: The provider may choose to complete this form for each person on the planning committee and the faculty. Another option could be to document something like “The planners stated they had no conflict of interest; speaker Dr. Jones declared conflict of interest because he has done research with XYZ Company. He has stated that his presentation will reflect state-of-the-science-data and not relate only to his own research findings.”