

2020 OHIO RURAL HEALTH CONFERENCE CALL FOR PRESENTATIONS FORM

Thank you for your interest in presenting at the 2020 Ohio Rural Health Conference, August 13 & 14, 2020 at Ohio University in Athens, Ohio. This proposal is due by **April 17, 2020**.

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 be able to:

1.

2.

3.

4.

5.

SESSION LENGTH*

The average session length will be 45 minutes. If you require more or less time, please list your requirements below for and we will consider your suggested time/format.

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, wireless clicker to advance slides, 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. Please list any other equipment which may be needed.

Equipment:

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SPEAKER INFORMATION

For each speaker, please include or attach a brief speaker biography of six sentences or less and a headshot photo. 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:

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SPEAKER INFORMATION: SPEAKER 3

Name:

Title/Organization:

Phone:

Email:

Fax:

Street Address:

City:

State:

ZIP Code:

Speaker biography:

Please note:

Any associated presentation costs must be presented with an attached quote. 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.

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 after the conference. Speakers are welcome to also bring printed handouts to provide to session participants, although this is optional.

This conference is offering nursing CEs. If selected, you must complete a conflict of interest form.

Thank you for completing a proposal to present at the 2020 Ohio Rural Health Conference.

Please submit this form via email to the Ohio State Office of Rural Health at PCRH@ODH.OHIO.GOV no later than **APRIL 17, 2020.**



Ohio Rural
Health
Association



OHIO
UNIVERSITY

COLLEGE OF HEALTH SCIENCES AND PROFESSIONS
APPALACHIAN RURAL HEALTH INSTITUTE

Ohio

Department
of Health