

CALL FOR PRESENTERS

PLEASE SUBMIT THIS PRESENTERS AGREEMENT BY EMAIL TO
Ron@aamsn.org

1st Annual AAMSN Education Conference

*The Inn at Opryland
Nashville, TN
November 16, 17, 18, 2014*

Submission date is Mar 1, 2014

Presenter _____ Earned "initials" to follow name _____

Title _____

Organization _____

Address _____

City _____ State/Country _____ Zip _____

Office Phone _____ Home/Cell _____

Fax _____ E-mail _____

Website _____

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1. Presentation Title: _____

The complete title/sub-title should accurately describe the presentation. Since the title/sub-title are also part of marketing, they should generate interest as well. (Think of "5-10 words that create excitement.")

2. Sub-Title: _____

Presentation length: ___60 minutes, _____90 _____ 120 minutes

3. Format: PowerPoint, Handouts etc.

- 4. Audio/Visual Equipment Request** *(Please check as appropriate or indicate "Nothing Needed")* Flip Chart or White Board Overhead Projector CD player
 Nothing Needed Power Strip & extension Cord & Screen are provided
 Lap top and PowerPoint LCD projector provided

5. Objectives: Briefly state, in a bulleted format of approximately 2 objectives for each hour of presentation, what participants will be able to do after attending your presentation. Your list of objectives can begin with "Participants will be able to...; learn/list/explain...; etc. Must apply to nursing.

6. Description: Give a brief 75-word description of the content of your presentation. The description will be used for conference marketing purposes, so please use clear and conversational language. Be sure to include why/how participants will benefit from your presentation.

7. Handout: You can submit a PowerPoint presentation or 1-10 pages which help, clarify or offer additional information about your topic; something, which will help the attendees. This will be put in the course syllabus.

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Please include 5 references for your handout

- **Hand Out are due by September 1, 2014**
- **If you are using PowerPoint please send slides so that they can be preloaded on laptop unless you are using your own laptop. LCD Projector is provided**

8. Presentation Plan: This plan should include: An agenda that outlines the content you plan to present and indicates the amount of time you intend to spend on each section. Also: a description of the way you plan to present each section of the presentation (such as discussion or exercise or demonstration, etc.).

9. Biographical Information: 75-word biography that highlights your background as relevant to this proposal content.

10. Resume or Curriculum Vitae: Please attach with this proposal if you have one.

11. Expenses if applicable – Submit receipts and expense form day of speaking send in later. Expenses include

- One Hotel Night and Mileage Lunch is included on your speaking date.

Signature: If sent by email your typed name will be considered your signature.

Presenter agrees to the audio or video recording of presentations and unlimited royalty free use by Michael R. Eslinger the Conference Director.

Date: _____

Email to ron@aamsn.org by March 1, 2014

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Completion Check off:

- _____Presenters agreement due March 1, 2014
- _____Content and Objectives form due March 1, 2014
- _____Bio
- _____Attestation Statement / Conflict of Interest
- _____Handouts due September 1, 2014
- _____Audio Visual Needs have been sent
- _____Honorarium to be determined

If sponsored list sponsor here:

Organization: _____

Address: _____

City: _____ St: _____ Zip: _____

Contact Person: _____

Phone: _____

eMail: _____

ATESTATION STATEMENT

Please read and sign if you have a product that is the topic of your presentation you will have to make a short conflict of interest statement in the beginning. Example Tom, Emily, David, and Ruth wrote books or programs their presentation is based on. You will state that, "You are the author of (book/program title) and if you own or work for a company that sales medical supplies state the name of the company.

If none then simply state I have no conflict of interest before you start your presentation.

The speaker cannot solicit or sale in any way their product or display the product during the presentation. Sorry these are rules from the American Nurses Association regarding the awarding of Continuing Education Credits for the conference.

Presenter Conflict of Interest Statement

If you are in a position to control the content of this educational activity, you must disclose whether or not you have a conflict of interest. Conflict of interest disclosure identifies the presence or absence of *any* potentially biasing relationship of a financial, professional or personal nature. A perceived conflict of interest would occur, for example, if you have or a member of your family has, within the past 12 months, received a salary, royalty, speaking honorarium, research appointment, board of directors remuneration, or consulting fee from an organization whose product or service is being discussed in the learning activity or if you or a family member own stock in such a company. Conflict of interest would also occur if you have any potential to benefit personally or professionally from the presentation (work for a proprietary company presenting the learning activity, have written a book about the topic, provide consulting services related to the topic, etc.)

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

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Conflict of Interest:

Is there a perceived financial, professional or personal conflict of interest (self or family)?

Yes • No

If yes, describe perceived conflict:

Resolution of Conflict

1. I have discussed this conflict of interest or potential bias if applicable for this activity:
(Check all that apply)
2. I have signed a statement that says I will present information fairly & without bias.
3. In conjunction with 1 & 2, I understand that the nurse planner or designee will monitor session to ensure conflict does not arise.
4. Not applicable since not conflict of interest.
5. Other: Describe:

Signature: _____ **Date:** _____

Electronic Signature Acceptable

Email to ron@aamsn.org or fax to 865-269-4613 **by March 1, 2013**