

# NH-VT HFMA Education Committee Call For Speakers Form

NH-VT HFMA Presentation Proposal Submission Process

As a presenter, you will benefit by:

- General: Increased visibility within the healthcare industry and added recognition.
- Complimentary Registration: Complimentary registration for speakers to attend the conference.

Selection Criteria Include (but not limited to):

- Timeliness of topic-relevancy and currency of information
- Presenter qualifications and reference listing (must submit a one paragraph biography).
- Practical application of materials.
- References from past speaking engagements (within the last 12 months).

Complete this form to submit your presentation to the Education Committee for consideration.

## Lead Presenter Information (Step 1)

**The following fields in Step 1 are required to be completed. Please use N/A to designate if the requested information is not applicable. If all fields are not completed your proposal will be rejected:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

HFMA Member # \_\_\_\_\_

I am a/an \_\_\_\_\_ Advanced Member \_\_\_\_\_ CHFP \_\_\_\_\_ FHFMA

My Company's currently a \_\_\_\_\_ Platinum \_\_\_\_\_ Gold \_\_\_\_\_ Silver \_\_\_\_\_ Sponsor for the NH-VT HFMA Chapter

Company Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2/Suite: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Presenter Biography:**

(provide a 100-word bio that will be used for introduction purposes should your submission get selected – Resumes will not be accepted)

Does the lead presenter's company sell products and/or services to this HFMA's primary audience (healthcare finance, revenue cycle, etc.)?

YES \_\_\_ NO \_\_\_

If "YES", does the lead presenter serve primarily in a marketing, sales or product management-related capacity?

YES \_\_\_ NO \_\_\_

**NOTE: Sessions proposals presented exclusively by vendors are permitted, however, must be presented in an educational manner and should not promote a product/service exclusively. Sales oriented presentations are not permitted. If it is determined that there is a "sales pitch" to the presentation as a result of the evaluations the presenter will not be allowed to present again for the chapter nor will the chapter provide any sort of reference for the speaker should inquiries be made.**

**Co-Presenter(s) Information (Step 2)**

**The following fields in Step 2 are required to be completed. Please use N/A to designate if the requested information is not applicable. If all fields are not completed your proposal will be rejected:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

HFMA Member # \_\_\_\_\_

I am a/an \_\_\_\_\_ Advanced Member \_\_\_\_\_ CHFP \_\_\_\_\_ FHFMA

My Company's currently a \_\_\_\_\_ Platinum \_\_\_\_\_ Gold \_\_\_\_\_ Silver \_\_\_\_\_ Sponsor for the NH-VT HFMA Chapter

Company Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

HFMA – NH-VT HFMA Speaker Form

Address 2/Suite: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Presenter Biography:**

**(provide a 100-word bio that will be used for introduction purposes should your submission get selected – Resumes will not be accepted)**

### Session/Abstract Information (Step 3)

**\* Fields are required**

**\*Conference Track/Session Category/Community/Industry  
(Select all that apply):**

Track: CEO/Executive  
 Track: CFO/CPA/Finance  
 Track: PFS/Revenue Cycle  
 Track: Management  
 Track: Professional Development  
 Track: Personal Development  
  
 Community: Leaders and Executives  
 Community: Change Agents / Initiatives  
 Community: Ethics  
 Community: Patient Access  
 Community: Medical Records  
 Community: Accounting/Finance  
 Community: New Hire, Retention, & Succession Planning  
 Community: Regulatory Compliance Initiatives  
 Community: Sales and Marketing Personnel  
 Community: Sarbanes Oxley & HIPPA Compliance  
 Community: Call Center and Customer Service Center Personnel  
 Community: Technologists & Engineers  
  
 Industry: Business Services  
 Industry: Education  
 Industry: Financial Services  
 Industry: Government/Military  
 Industry: Healthcare/Medical  
 Industry: Manufacturing  
 Industry: Transportation/Logistics  
 Industry: Utilities/Telecommunications Services

You must select at least one track, one community and one industry for the above.

<p><b>*Session Level: (Select only one)</b></p> <p> <input type="checkbox"/> Beginner  <input type="checkbox"/> Intermediate  <input type="checkbox"/> Advanced/Specialized Knowledge  <input type="checkbox"/> Technical/Mastery                 </p>	<p><b>*Session Format &amp; Time Frame: (Select only one)</b></p> <p> <input type="checkbox"/> Lecture  <input type="checkbox"/> Workshop (Half or Full Day)  <input type="checkbox"/> Moderated Panel  <input type="checkbox"/> Audience/Q&amp;A Driven Format  <input type="checkbox"/> Webinar  <input type="checkbox"/> Videoconference  <input type="checkbox"/> Lunch &amp; Learn                 </p>
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<p><b>*Session Format &amp; Time Frame: (Select only one)</b></p> <p> <input type="checkbox"/> Lecture  <input type="checkbox"/> Workshop (Half or Full Day)  <input type="checkbox"/> Moderated Panel  <input type="checkbox"/> Audience/Q&amp;A Driven Format  <input type="checkbox"/> Webinar  <input type="checkbox"/> Videoconference  <input type="checkbox"/> Lunch &amp; Learn                 </p>	<p><b>*Is this session a Case Study?:</b></p> <p>YES ___ NO ___</p> <p>If "YES", please list all companies/organizations to be profiled:</p>
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**\*Please provide a benefit-oriented session title that will convince prospective attendees to invest their time and money in the session (15 words max):**

**\*Please provide 1-2 complete sentences that explain why your session is important to attendees (50 words max):**

**\* Please complete the following statement by filling out all three of the boxes below. "By attending this session attendees will learn:"**

**Number 1:**

**Number 2:**

**Number 3:**

**If this session has been (or will be) presented at any other event within 12 months of this conference, please list below.**

**Please list at least one speaking engagement reference (preferably within the last 12 months):**

## TERMS & CONDITIONS (Step 4: Final)

\_\_\_\_\_ **By checking this box, the individual submitting this proposal agrees and/or acknowledges that:**

1. All speakers listed in this proposal have already agreed to present at this event;
2. Each speaker selected by the event organizer will receive one (1) complimentary registration to the main conference program. Separate fees may be required for speakers wishing to attend any pre-conference, post-conference or other special programs taking place beyond the scope of the main conference program;
3. NH-VT HFMA utilizes a speaker contract spelling out the various expectations of the presenters depending upon the responses to this proposal. This contract spells out the chapter's Travel Expense Reimbursement policies for acceptable speaker reimbursement. Specific questions should be directed to the Education Co-chairs;
4. If one or more speakers cancel their appearance at the event, every reasonable effort will be made by the individual submitting this proposal to replace that person with a speaker from a similar company with a similar or higher-level title and with similar or better subject matter expertise;
5. Speakers will be required to furnish the event organizer with an electronic and hard copy of their slide presentation, handout materials and any other media to be used during the session no less than two (2) weeks prior to the event; Speakers will bring enough handouts to the event to provide for the attendees. NH-VT HFMA will not copy handouts for the event;
6. The event organizer reserves the right to publish modified session titles and abstracts at its sole discretion.

Thank you for your participation. We look forward to working with you this year.