

Request for Traditional Workshop Proposal for the 2019 NJHSA Annual Conference

Thank you for choosing to submit a proposal for a traditional workshop session at our 2019 Annual Conference, *ACHIEVE! Excellence in Person Centered Care*, to be held from March 31 -April 2, 2019 in Atlanta, Georgia.

Please be mindful of the following guidelines:

1. Workshop presenters can include professional and lay leaders from NJHSA member and partner agencies.
2. Outside presenters are also invited to submit session proposals with the understanding that priority is given initially to NJHSA member agencies.
3. Presenters should be able to lead a workshop that motivates active participation from session attendees.
4. All workshop sessions are 75 minutes long.
5. Session facilitators need to factor in time for both an interactive presentation discussion and a Q&A period.
6. Submission of a proposal by a NJHSA member agency requires a commitment by the presenter to register and attend the entire conference should the proposal be accepted.
7. Proposals from one agency may be combined with proposals from another one or more agencies should the overall concept or theme for the proposed sessions be comparable.
8. Please type in all your answers.
9. Incomplete submissions WILL NOT be considered for review by the conference committee.

Please note that at least one session per day will be directed to support the specific needs of lay leadership.

The deadline for submission is Friday, November 30, 2018. Please contact Lisa-Lorraine Smith, Chief Program Officer at 201-977-2542 or email llsmith@networkjhsa.org with any questions.

Thank you! We know it takes time, thought and energy to submit a proposal and we are glad you did. All submissions will receive responses by email no later than January 15th. We look forward to hearing from and being with you in Atlanta.

1. Contact Information

Name of Agency Affiliation	
Address of Agency	
City, State Zip/code	
Agency CEO	
Agency CEO Email Address	
Name of Primary Contact for this proposal	
Preferred email of primary contact	
Cell phone # of primary contact	
Work phone #	

2. Choose A Track

	<u>Management/Leadership:</u> For example: lay and/or professional succession planning, organizational culture, fostering a respectful workplace, managing up/managing down, etc.
	<u>Organizational Capacity Building:</u> For example: fundraising and development, marketing and external relations, use of social media, staff recruitment and retention, philanthropic and non-philanthropic revenue streams, etc.
	<u>Program Development/Best Practices:</u> For example: outcome measurement, evaluation processes, program models addressing marginalized populations, or on focused service areas such as poverty, mental health, workforce development, older adult services, child/adolescent services, volunteer services, disabilities, refugees, etc.

3. Title of Proposed Workshop
4. Brief Description
5. List a minimum of three key learning goals from your proposed workshop session
6. If workshop is based on a program of your agency, please complete the following:

Name of program	
Length of time in operation	
Population(s) served	
Staffing of program	
Approximate annual program budget	
If possible, please provide us with a link on your website to your program	

7. What techniques will you use to engage the audience and promote group interaction?
8. Please indicate any other session needs: Screen, projector, flip charts, markers, requested room set up. All presenters who are using a PowerPoint or video presentation are required to bring their own laptop. The hotel will provide a projector and connecting cables.
9. At times, combining several presentations will allow us to maximize the information we can share within the time limited parameters of the conference. Are you ok if NJHSA combines your presentation with one or more presenters?

	Yes
	No

10. We know some agencies like to collaborate on workshop submissions and some agencies like to present with more than one person. With that in mind, please complete the following information.

Name of Presenter 1	
Agency Affiliation and Title of Presenter 1	
Email address of Presenter 1	
Name of Presenter 2	
Agency Affiliation and Title of Presenter 2	
Email address of Presenter 2	
Name of Presenter 2	
Agency Affiliation and Title of Presenter 2	
Email address of Presenter 2	