

CALL FOR PRESENTER PROPOSALS

13th Annual Conference … “Together Toward Tomorrow”

…

March 27-28, 2020

**About BIALA’s Annual Conference**

The Brain Injury Association of Louisiana/LA Chapter United Spinal is seeking presenter proposals through October 1st for its 13th Annual Conference March 27-28, 2020 at the Doubletree Hotel in Kenner, Louisiana.

* 150+ individuals attended this event in 2019
* Proposals are reviewed by a committee of professionals in the field of brain/spinal cord injury
* Program focus should be on new or innovative therapies for brain/spinal cord injury, strategies, practical applications, skill-building for practitioners

**Presentation Guidelines**

* Continuing education credit (CEU’s) is provided to professional conference attendees in a variety of fields including PT, OT, SW, CRC, CCMC, ATP, Recreation Therapy, etc. Requirements specify that each speaker must submit a resume or CV, Bio, Title of Presentation, Brief Description of Presentation, at least three Learning Objectives/Outcomes and its Content Focus. **All information must be submitted by November 1st, 2019. This is important, as we need this information to apply for CEUs.**
* The Brain Injury Association of Louisiana does not provide speaking fees, honoraria or travel expenses. We thank you in advance for contributing your time and talent to brain and spinal cord injury education, and supporting our mission.
* Conference workshops can range in length from 60 minutes to two hours and speakers are encouraged to leave a few minutes at the end, for audience questions and comments. All attempts will be made to accommodate length of time request but this is not guaranteed.
* Panels (3+) may be considered, depending on topic, at the discretion of the conference committee, however no new co-presenters or panelists may be added after 11/1/2019.
* **PowerPoint slides and/or handouts must be submitted by 3/1/20.**
* Presentations must be free of commercialism, promotion and advertising. Products, items or services must follow these guidelines:
  1. Presenter must provide open disclosure about the relationship to the product About 75% of the presentation should focus on #’s2 & 3 below:
  2. Science-basis for similar products; a literature review on what science has led to rehabilitative or support approaches like this;
  3. Outcome research on similar approaches/products/services; fair disclosure of competitors, sharing other research on similar items.

About 25% of the presentation should focus on:

* 1. Open discussion of product/item/service and how people with brain/spinal cord injury might benefit.

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| Submitting the following proposal indicates my willingness and availability to provide an educational presentation for BIALA’s Annual Conference on March 27th and 28th. **Proposals are due by October 1, 2019. However, it is encouraged that proposals be submitted before then.**  Please email completed proposals to Kimberly Hill, Executive Director at [kim@biala.org](mailto:lmacfeeley@biama.org) or call 504-982-0685.  2020 ANNUAL CONFERENCE  Request for Presentation Proposal  ***Primary Speaker - PLEASE complete ALL information below***  ***Co-presenter(s) may omit any field with asterisk (\*) and complete all other info*** | | | |
|  | **Full Name, with credentials**  **(as you would like it to appear in publicity)** |  |  |
|  | **Professional Title (if applicable)** |  |  |
|  | **Name of Company/Organization:** |  |  |
|  | **Mailing Address: (include city/state/zip)**  **☐Business ☐Home** |  |  |
|  | **Business Phone w/area code:** |  |  |
|  | **Cell Phone w/area code:** |  |  |
|  | **Email Address:** |  |  |
|  | **Title of Workshop (25 words max):** |  |  |
|  | **\*Detailed description of workshop (50 words or less)** |  |  |

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| **My Resume or CV is attached to the email** | □ Yes | |
| **My short Bio is attached to the email (for conference program)** | □ Yes | |
| **\*This workshop is suggested for the following audience(s): Please check all that apply** | ☐Clinical Professionals  ☐Program Staff/Direct Care providers  ☐Professionals with > 5 years’ experience in brain/spinal cord injury  ☐Survivors of Brain Injury or Spinal Cord Injury  ☐Family/Caregivers  ☐ALL | |
| **\*Brief content focus** |  | |
| **\*Presentation Goal** |  | |
| **\*Presentation Learning Outcomes: (Please share significant and essential learning outcomes that attendees will achieve and can demonstrate after presentation)** | 1. | |
| 2. | |
| 3. | |
| 4. | |
| **\*Audio-Visual Needs:**  **PowerPoint set up is provided. A laptop is available; but must be requested in advance. Please check ALL items needed:** | ☐PowerPoint set up ☐Laptop  ☐Bringing my own laptop (Windows/standard)  ☐Bringing a Mac laptop – I need an adaptor  Other | |
| **Would you be joining us for lunch?** ☐Yes ☐No If so, dietary restriction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Accessibility Needs:**  ☐ Yes ☐ No  If so, what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ***Date Preference:***  ☐ **Friday, March 27th** ☐ **Saturday, March 28th**  ***Length of time preference:***  ☐ 50 Minutes ☐ 65 Minutes ☐ 80 Minutes ☐ 95 Minutes  \*All efforts will be made to honor preferences but not guaranteed |

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| **Authorization for Photo, Video, or Audio Recording of Presentation:**  **I grant permission to BIALA, its representatives, employees and volunteers the right to take photographs, video and/or audio recordings in connection with any educational presentation, and authorize BIALA, its assigns and transferees the right to use or publish same in print or electronically.**  **My name and date entered below is my approval for BIALA to use photographs/video/audio recordings of me (with or without my name) for any lawful purpose, including education, publicity, illustration, advertising, and web content.** | |
| **Name** | **Date** |