

Call for Presenters

Share your knowledge and experience at the 2024 Alzheimer's Association Alzheimer's & Dementia Conference Friday, November 8, 2024 at the Huntington Hilton

The Alzheimer's Association Long Island Chapter seeks interesting and inspiring presentations that will provide current and practical information to the 300 family caregivers who are expected to attend the Alzheimer's and Dementia Conference on November 8, 2024.

Workshop Proposal Submission Deadline is September 3, 2024

The Alzheimer's & Dementia Conference provides family caregivers with opportunities to hear from industry leaders, attend educational workshops, learn about local resources, visit with vendors, and network with others with shared experiences.

Workshops are intended to educate and support learning. Presenters may not sell, promote or pitch any specific product, company, or service. Each workshop is 55 minutes in length, including time for questions and answers. (Presentation material should not be more than 45 minutes in length.)

Procedures for Workshop Proposal Submissions

- To ensure inclusion in the review process, all proposals must be submitted by September 3, 2024.
- A separate completed proposal cover form (this document) must be submitted with each proposal.
- **Incomplete proposals will not be reviewed. Please be sure to include title and description as outlined on next page.**

A limited number of workshop slots are available. The Alzheimer's Association Long Island Chapter's Conference Planning Committee will review all submissions. Notification of decisions will occur by September 27, 2024. Proposals may be submitted via:

- ❖ Email to lkmaidavir@alz.org
- ❖ Fax to 855-437-2857
- ❖ Mail or hand deliver to:
Alzheimer's Association Long Island Chapter
300 Broadhollow Road, Suite LL100
Melville, NY 11747

Topic: Check the box below that best fits your presentation topic. These are only suggestions and should not limit your thinking. If you mark "Other" please provide a description.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Caregiving After Placement | <input type="checkbox"/> Medication | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Caring for the Caregiver | <input type="checkbox"/> OT/PT/Speech Therapy Intervention | |
| <input type="checkbox"/> Complementary Therapies | <input type="checkbox"/> Planning/End of Life | |
| <input type="checkbox"/> Early Stage | <input type="checkbox"/> Research | |
| <input type="checkbox"/> Legal/Financial | <input type="checkbox"/> Safety | |
| <input type="checkbox"/> Mid-Stage | <input type="checkbox"/> Sexuality/Intimacy | |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Social Engagement | |
| | <input type="checkbox"/> Spirituality | |

This activity is funded in part by a grant from the New York State Department of Health

Title: Provide an 8-10 word title that clearly and creatively reflects the content of the workshop. Titles will be used in the brochure and program booklet and may be edited.

Description: Provide a 75-100 word description of what the workshop will cover. This description will be used in the brochure and program booklet and may be edited. **Please attach to application**

Intended Audience: Please check one of the following:

- New to Caregiving
- Family Caregiver
- Professional Caregiver

Professional Background for Presenters: For yourself and each person named as an additional presenter, provide (on a separate sheet for each presenter) a brief biographic outline of 100 words or less to be used in conference materials and a resume/CV. These items should reflect knowledge and experience related to the proposed workshop topic and the aging services field, areas of specialty, publications, etc.

Name of Lead Presenter/Proposal Submitter: _____

Job Title: _____ **Organization:** _____

Street Address: _____

City, State, Zip Code: _____

Phone #: _____ **Email:** _____

- Biography Attached
- Resume Attached

Additional Presenters:

Name: _____ Email: _____

Name: _____ Email: _____

References: Provide the names and contact information for at least two persons who can attest to your skill as a presenter.

Name: _____ Organization: _____ Email: _____

Name: _____ Organization: _____ Email: _____

Prospective Speaker Terms and Conditions:

AV Equipment: Standard setup will include a screen, AV cart, podium, speaker cart, laptop and projector.

Reimbursement Policy: Alzheimer's Association Long Island Chapter cannot pay honoraria, travel, per diem or other costs for workshop presenters. Presenters will have FREE access to all conference amenities – conference sessions, breakfast, lunch, and resource fair.

Additional Terms and Conditions: All speakers agree to:

- ❖ Keep the conference date of November 8, 2024 available until notified of the status of their proposal (September 27th) and commit to participation on November 8th should their proposal be accepted.
- ❖ Allow handouts and presentations to be included in conference materials (must be submitted by October 25th or you will be responsible for preparing handouts.)
- ❖ NOT sell, promote, or pitch any product or service during the proposed workshop.

I, the undersigned above named proposal submitter, agree to comply with all prospective speaker terms and conditions outlined above.

Signature: _____ Date: _____