

PRESENTER INFORMATION SHEET

Name of Presenter: _____

Professional Affiliation: _____

Mailing Address: _____

Phone: _____ Email: _____

Name(s) of Co-Presenters: _____

Professional Affiliation: _____

Mailing Address: _____

Phone: _____ Email: _____

Title of Proposed Presentation:

Type of Session Requested:

☐ 45-Minute Presentation

☐ 90-Minute Poster Session

If your proposal is not accepted as a 45-minute presentation, would you be willing to present a poster?

☐ Yes ☐ No

PROPOSAL SUMMARY PAGE

Please complete this page with no identifying information.

Presentation Title: *Please be sure this matches the title you listed above on this Presenter Information Sheet.*

Presentation Summary for Conference Program *(45 Words or Less)*

Presentation Proposal *(300 – 500 Words):*

Address each of the following sections.

Rationale –

Method –

Results/Outcomes –

Importance To Ace-Dhh Members –