**Speaker Submission Instructions:**

1. Send completed presentation submission package (including Presenter and Proposed Program sections below) to:

Nancy Rocker

Michigan HFMA and MCACHE Fall Conference Co-Chair

rockern@outlook.com

1. Please reproduce this form for each proposed program.

**Conference details:**

**HFMA Fall Conference – Michigan Statewide Conference**

**Title: Redesigning Healthcare: Charting the Course**

**Date**: Monday, October 28, 2019 and Tuesday, October 29, 2019

**Location:** The Inn at St. Johns

44045 5 Mile Road

Plymouth, MI 48170

1. **Deadline to submit is Wednesday, May 1, 2019.** You will be contacted by email in early June as to submission outcome.

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| ***Presenter Information:***  |
| **Presenter(s) name and credentials:**  |  |
| **Presenter’s facility/company:** |  |
| **Presenter’s address:** |  |
| **Presenter’s email address:** |  |
| **Presenter’s phone number:** |  |
| **Whom should we contact?**(If presenter is key contact skip the next 3 questions) |  |
| **Name of Key Contact:** |  |
| **Key Contact email address:** |  |
| **Key Contact phone number:** |  |

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| ***Information of Proposed Program / Topic: Please submit separate form for each proposed topic*** |
| **Presentation Title:**  |  |
| **Topic Description:** (A synopsis of the presentation; will be used in the conference brochure) |  |
| **Key Learning Objectives:** (Bullet points of what the attendees will learn from the presentation) |  |
| **Equipment needed:**(e.g. laptop, projector, flipchart) |  |
| **Anticipated expenses to the conference:** |  |
| **Has presenter previously presented session to other groups?** **If so, when and to what group.** |  |
| **Presenters Biography**: (This will be used in the conference brochure, conference website, and to introduce the speaker at the conference) |  |
| **Presenter Picture:**(This will be used in the conference brochure and conference website) |  |