2015 National Health Care for the Homeless Conference & Policy Symposium

Call for Proposals

What type of proposal are you submitting? Choose one. \*

* Workshop
* Poster

*If you chose Poster above, please upload a PDF of your poster or an abstract of the poster content. \**

Proposal title \*

*Please limit your title to 15 words.*

Please indicate the topic area for your presentation. Choose one. \*

* Health Care Delivery
* Administration
* Policy and Advocacy
* Research

*If you chose Research above, please upload abstract. \**

Your presentation may touch on other topic areas. Please choose all that apply. (Optional)

* Health Care Delivery
* Administration
* Policy & Advocacy
* Research

Please describe the target audience for your presentation.\*

*Limit 300 characters*

Level of information of presentation\*

* Introductory
* Advanced

List at least three measurable learning objectives for your presentation. Objectives should detail what your audience will have learned by the end of your presentation. (Example: After participating in this workshop, attendees will be able to identify three barriers to care for unaccompanied homeless youth.) \*

*Limit 500 characters*

Please provide a description of your presentation highlighting key content topics. Include teaching techniques (lecture, facilitated discussion, panel, etc.), issues you will address, and any prior knowledge required or suggested for attendees. View the description as an opportunity to describe why this information is important or timely. Why should someone attend this workshop or view your poster? What is unique about your presentation? \*

*Limit 1000 characters*

The National Health Care for the Homeless Council generally posts presentation materials provided by speakers to its website, www.nhchc.org, in conjunction with other conference information and materials. Do the workshop presenters agree that we may post their materials? \*

* YES
* NO

*Note: Agreeing to post materials is not required for acceptance; we understand that some presentations may include sensitive topics or preliminary research information.*

Name of person submitting proposal\*

Email of person submitting proposal\*

Phone of person submitting proposal\*

Number of Speakers\* *Note: To keep conference attendance costs low a limited number of presenter fee waivers are available. Workshops are limited to two fee waivers. Poster presentations receive one fee waiver. You may list up to four speakers.*

* 1
* 2
* 3
* 4
* More than 4

*If more than four (4) speakers, please list additional speakers names, credentials, title of position & organization at the end of this form. (Example: James Smith, PhD, Director, Organization of Western Organizations)*

Speaker 1 Information

Speaker 1 Name\*

Credentials\*

Position Title\*

Organization\*

Briefly summarize this speaker's experience relevant to the proposal topic.\*

*Limit 300 characters*

Address\*

Email\*

Phone\*

Does this speaker or his/her spouse/partner have any financial relationships with pharmaceutical companies or medical device makers to disclose? \*

* YES
* NO

Does this speaker agree that: 1) His/her presentation will not include company logos and will use generic names when possible. If trade names must be used, trade names from several companies will be used if available; 2) He/she will make patient treatment recommendations that represent the standard of care and use of best evidence. He/she will not promote recommendations that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients, and he/she will provide a balanced view of therapeutic options; 3) He/she will refer to, report, or use research that is scientifically objective and methodologically sound; 4) He/she will inform participants when discussing off-label product use.\*

* YES
* NO

Speaker 2 Name\*

Credentials\*

Position Title\*

Organization\*

Briefly summarize this speaker's experience relevant to the proposal topic.\*

*Limit 300 characters*

Address\*

Email\*

Phone\*

Does this speaker or his/her spouse/partner have any financial relationships with pharmaceutical companies or medical device makers to disclose? \*

* YES
* NO

Does this speaker agree that: 1) His/her presentation will not include company logos and will use generic names when possible. If trade names must be used, trade names from several companies will be used if available; 2) He/she will make patient treatment recommendations that represent the standard of care and use of best evidence. He/she will not promote recommendations that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients, and he/she will provide a balanced view of therapeutic options; 3) He/she will refer to, report, or use research that is scientifically objective and methodologically sound; 4) He/she will inform participants when discussing off-label product use.\*

* YES
* NO

Speaker 3 Name\*

Credentials\*

Position Title\*

Organization\*

Briefly summarize this speaker's experience relevant to the proposal topic.\*

*Limit 300 characters*

Address\*

Email\*

Phone\*

Does this speaker or his/her spouse/partner have any financial relationships with pharmaceutical companies or medical device makers to disclose? \*

* YES
* NO

Does this speaker agree that: 1) His/her presentation will not include company logos and will use generic names when possible. If trade names must be used, trade names from several companies will be used if available; 2) He/she will make patient treatment recommendations that represent the standard of care and use of best evidence. He/she will not promote recommendations that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients, and he/she will provide a balanced view of therapeutic options; 3) He/she will refer to, report, or use research that is scientifically objective and methodologically sound; 4) He/she will inform participants when discussing off-label product use.\*

* YES
* NO

Speaker 4 Name\*

Credentials\*

Position Title\*

Organization\*

Briefly summarize this speaker's experience relevant to the proposal topic.\*

*Limit 300 characters*

Address\*

Email\*

Phone\*

Does this speaker or his/her spouse/partner have any financial relationships with pharmaceutical companies or medical device makers to disclose? \*

* YES
* NO

Does this speaker agree that: 1) His/her presentation will not include company logos and will use generic names when possible. If trade names must be used, trade names from several companies will be used if available; 2) He/she will make patient treatment recommendations that represent the standard of care and use of best evidence. He/she will not promote recommendations that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients, and he/she will provide a balanced view of therapeutic options; 3) He/she will refer to, report, or use research that is scientifically objective and methodologically sound; 4) He/she will inform participants when discussing off-label product use.\*

* YES
* NO

Additional Speakers\*

*Please list additional speakers names, credentials, title of position & organization. (Example: James Smith, PhD, Director, Organization of Western Organizations)*