

CALL FOR SPEAKER APPLICATIONS

The Brain Injury Association of Michigan invites you to submit a Call for Speakers Application for one of our educational programs. Because we offer CEU's, multiple pieces of information are required for all speakers.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Conference →	Legal Conference June 12, 2018	38 th Annual Fall Conference Sept 13-14 2018	5th Annual Quality of Life Conference Nov. 2018
# of Attendees	150+	1,600+	100+
Submission Deadline	3/6/18	3/27/18	4/30/18
Speakers Notification Date After	3/27/18	4/27/18	5/31/18

The Brain Injury Association of Michigan cannot provide for honoraria or other expenses. Thank you in advance for donating your time and talent to this worthy cause.

Keynote Sessions. Keynote Speakers are selected by the Conference Committee by recommendation only. If you are aware of a dynamic, keynote speaker, please contact the BIA of Michigan office with your suggestions.

Single Topic Sessions may include up to 1-2 experts on a single topic. These **60 minute** sessions offer the opportunity to present state-of-the-art information in the areas of treatment, life planning, rehabilitation, community integration, family support, etc. Session abstracts are based on the relevance of the subject and the content expertise of the speakers.

PRESENTATION SUBMISSION REQUIREMENTS

Move from one section to the other using the tab key. You can select the grey boxes by double clicking, and indicating "checked" in the default value.

1. **All submissions must be typed.** No handwritten submissions or PDF files will be accepted for consideration. Save filename as: *Lastname abstract.doc*
2. To be considered this form must be complete with no missing data, including:
 - a. CV/Resume attached
 - b. Reference List/Bibliography page
 - c. Conflict of Interest form – for each speaker
 - d. Please submit via email to aweston@biami.org



SECTION A – GENERAL PRESENTATION INFORMATION

Primary Speaker Name: _____
Last Name, First Name

Presentation Format

Single Section _____ Number of Speakers (**No more than 2 speakers in any one session**)

AUDIO VISUAL NEEDS: *(please check the following equipment that you will need)*

- LCD PowerPoint Projector Monitor & DVD Player
 (you must bring your own laptop)
- Flipchart Other _____

Check each of the following categories:

Main Audience	Topic	Level (choose only one)
<input type="checkbox"/> Caregivers	<input type="checkbox"/> Acute Care Issues	<input type="checkbox"/> Basic
<input type="checkbox"/> Administration	<input type="checkbox"/> Rehabilitation Issues	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Case Management	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Advanced
<input type="checkbox"/> Clinical Issues	<input type="checkbox"/> Community/Family Support/Lifetime Issues	
<input type="checkbox"/> Families/People with Brain injuries	<input type="checkbox"/> Children and Adolescent Issues	
	<input type="checkbox"/> Research	
	<input type="checkbox"/> General Brain Injury	
	<input type="checkbox"/> Wellness	
	<input type="checkbox"/> Administrative	

Continue to Section B.

SECTION B – PROPOSED SESSION INFORMATION

Event Goals - The purpose of these educational events is to provide state-of-the art information about brain injury treatment and therapies, which will foster maximal rehabilitation and a good quality of life. The events are designed to benefit persons engaged in therapies with persons recovering from injury as well as caregivers and persons with brain injury. Learning will occur with discussion, case studies, exhibits, practicum, and lectures.

Conference Objectives - At the completion of these events, participants will be able to:

1. Expand understanding of acquired brain injury, including diagnosis, selection of the optimal path for treatment, rehabilitation and community integration outcomes.
2. Identify the latest research findings in technological, medical and psychosocial advances associated with brain injury rehabilitation.
3. Develop skills to assess internal and external factors that influence treatment pathways involving families and persons' with brain injury in the process of regaining self-control and self-determined living.
4. Utilize innovative strategies for effective management of resources and clinical operations.
5. Improve collaboration and networking throughout the industry to increase prevention.

Disclaimer - As a speaker, it is essential that you understand the importance of your commitment and that you will not use this opportunity to promote or market your own facilities, program and/or services.

Please complete the Education Documentation Form on the following page.

Title of Session:

OBJECTIVES	CONTENT (Topics)	TIME FRAME	PRESENTER	TEACHING METHODS
List learner's objectives in behavioral terms (What they take away from the presentation)	Provide an outline of the content for each objective. It must be more than a restatement of the objective. If the content is related to Pharmacotherapeutics for APRNS, indicate that here.	State the time frame for each objective.	List the Faculty for each objective.	Describe the instructional strategies & delivery methods for each objective.
1.	A. B. C.			
2.	A. B. C.			
3.	A. B. C.			

References from speaker(s) to show sources of best available evidence that will be discussed (in APA format):



Primary Speaker's Last Name _____

Conference Brochure Summary, including a few sentences here describing the presentation, which can be used in the conference brochure for the attendees to read about the session (**limit 80 words**):

Section C – Speaker Bio & Information

All communications will be directed to the primary speaker. The primary speaker is responsible for communicating with additional speakers.

Speaker 1:

Name with Credentials/Degrees:

Address:

Phone Number:

Email Address:

Current Employer and Position/Title:

Biosketch – (*Mandatory*) A brief paragraph for each speaker to be used for introductions (50-100 words):

Expertise - Please describe expertise specific to the educational activity listed above. (If the description of expertise does not provide adequate information, we will request additional documentation.)

List other conferences where you have presented educational material:

Additional Speakers

Speaker 2:

Name with Credentials/Degrees:

Address:

Phone Number:

Email Address:

Current Employer and Position/Title:

Biosketch – (*Mandatory*) A brief paragraph for each speaker to be used for introductions (50-100 words):

Expertise - Please describe expertise specific to the educational activity listed above. (If the description of expertise does not provide adequate information, we will request additional documentation.)

List other conferences where you have presented educational material:

Check list:

_____ I have completed all yellow highlighted areas/sections of this application.

_____ I have attached all speaker's CV/Resumes.

_____ I have listed above or attached a Reference List/Bibliography page for my presentation.

_____ I have completed the Conflict of Interest Form – one form must be completed for each individual speaking and sent in with the application.

_____ I have completed Sections A, B & C above.