

2010 Community Wellness Conference

Mind - Body - Spirit

May 26 -27, 2010

Biloxi, MS

MS Gulf Coast Convention Center

(go to web site for conference information)

CALL FOR PRESENTERS

DEADLINE: February 22, 2010

Please TYPE or PRINT all information. (Email submission is preferred.)

or mail to: Attention John - IDTF - 610 Water Street Biloxi, MS 39530 or fax to 228-432-9312

TITLE OF PROGRAM _____

Program Primary Presenter _____ Other Presenters _____

Organization Represented _____

Address: _____

Email Address _____

Phones: (C) _____ (W) _____ (Fax) _____ Web site _____

PROGRAM SUMMARY: (As it will appear in the conference program, if accepted - Maximum 50 Words
Please complete forms A-1 and A-2 (attached) for CEU application requirements

PROGRAM LENGTH: 1 hr. 30 min.

PREFERRED DAY: () Wednesday () Thursday () Either

FORMAT: () Lecture () Panel

TARGET AUDIENCE: () General () Mental Health () Primary Health () Faith-based () Fitness () Nutrition () Other

INFORMATION FOR PRESENTERS:

- 1. The program primary contact is responsible for coordinating the program, contacting all other presenters to inform them of the time and place of the session, preparing adequate handouts for the session, and providing request for any audiovisual equipment needed for the presentation. Presenters should make all travel arrangements for the conference. A list of hotels will be provided on the web site http://www.msdtf.org in January 2010.
2. Presenters who are also attending other conference functions must register for the conference (no charge for presenters).
3. Presenters submitting more than one content session proposal should indicate their first, second preference, etc. Restrictions of time and space may not allow the CWC Planning Committee to utilize all proposals.
4. Presenters must notify the conference program coordinator in writing of any special room arrangements.
5. Program chairpersons will be notified by email of program acceptance within 3 weeks of submission. Deadline is January 08, 2009.
6. Using content sessions to market and demonstrate commercial products is prohibited. Vendors are invited to exhibit products in the exhibit hall (see information for exhibitors and sponsors).

SUBMIT PROPOSALS TO:

Email - mailto:jmhosey@msdtf.org

Mail: John M. Hosey - 610 Water Street - Biloxi, MS 39530

DEADLINE: January 30, 2010

Planning Committee USE ONLY

Table with 5 columns: Program #, Room Name & Number, Date, Time, Other

ATTACHMENT A-1
Vested Interest Form

(Check all that apply)

Name

___Lead

Title of Conference:

Title of Activity:

___Planner (___target audience/___expert)

Date of Presentation:

___Presenter

Vested Interest

I. Have you received anything of value from a commercial supporter, which may be perceived as direct or indirect interest in the subject(s) you are addressing in this education activity?
___NO ___YES – List the commercial supporter_____

II. If there is a commercial supporter, please describe your relationship:
___speaker's bureau ___major stockholder ___shareholder
___consultant ___large gift(s) ___grant/research support
___no relationship ___other, please describe:_____

How will conflict of interest be resolved?_____

III. Describe professional experience or areas of expertise (including publications) related to the involvement in continuing education.

IV. Identify how you took part in the planning and evaluation of this activity:
___planned objectives/content ___reviewed evaluation summary
___planned time frame ___will utilize evaluation to revise presentation as needed
___planned teaching strategies
___attended committee meetings ___other_____

V. Presenter: During your presentation, will you include discussion of an unlabeled or the investigational use of a product, device or drug that has not been approved by the FDA, for the use being presented in this education activity?

___NO ___YES *Explain:_____

*If yes, you must disclose this information during your presentation. Select which method:

___handouts___audiovisuals ___verbally, during presentation ___other_____

*How will conflict of interest be resolved?_____

Signature

Date

Biographical Data Form
Do not attach any additional material.

Name: _____
Name and Degrees

Home Address: _____
Number and Street

City, State, Zip

Business Address: _____
Employer, Name/Department

Number and Street

City, State, Zip

Phone: _____

E-Mail: _____

Present Position: _____
(Title and description)

Education (include basic preparation through highest degree held):

<u>DEGREE</u>	<u>INSTITUTION</u> (name, city, state)	<u>MAJOR AREA</u> of <u>STUDY</u>	<u>YEAR DEGREE</u> <u>AWARDED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Department of Mental Health
Division of Professional Development
ATTACHMENT A-2**

Title of Conference: _____ **Contact Hours:** _____

Title of Activity: _____

Total number of minutes of training _____ All sessions must be at least 60 minutes; thereafter, credit is awarded in increments of at least 30 minutes, i.e. 60, 90, 120.

Objectives	Time Frames	Presenter(s)	Teaching Strategies/Resources	Evaluation Tool	Evaluation Category
Begin objectives with action verbs, i.e. discuss, explain, define, list, demonstrate, etc. Content should be in outline form.	Provide a time frame for each objective.	List presenter(s) for each objective.	List teaching strategies by each presenter for each objective. List audio visuals needed for each presenter.	Select evaluation method to be used to evaluate this activity.	Select the most appropriate evaluation category for this activity.
At the end of this activity the participant will be able to: Objective 1: Content for Objective 1: Objective 2: Content for Objective 2: Objective 3: Content for Objective 3: Evaluation:				_____ Post Test _____ Structured Interview _____ Attitude Scale _____ Direct Observation of Skill Performance _____ Other	_____ Learner Satisfaction _____ Knowledge _____ Skill and Attitude Change _____ Change in Practice _____ Other

