**Proposal Submission Form**

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| **Name:** |  |
| **E-mail address:** |  |
| **Credentials:** |  |
| **Current Position:** | [ ]  Full Time AT - PE[ ]  Split Position: AT – PE + Outreach, DME Coordinator, etc.[ ]  Administrator[ ]  Other:       |
| **Employer:** |  |
| **Address:** |  |
| **Work Phone:** |  |
| **Mobile Phone:** |  |
|  |
| **Title of Presentation:** |  |
| **Approximate Length of Presentation:** | [ ]  < 15 min. [ ]  15-30 min.[ ]  30-45 min. [ ]  > 45 min. |
| **Presentation Type:** | [ ]  Lecture [ ]  Case Study [ ]  Other:       |
| **Topic Area:**(What area does your topic best fit into?) | [ ]  Clinical Operations / Efficiency / Optimization[ ]  Demonstrating & Measuring Value[ ]  Business Development / Setting Advancement[ ]  Other:       |
| **Brief Abstract/Overview of Presentation:** (Please limit to 500 words) |  |
| **Learning Objectives:**(What is the take-home message?) |  |
|  |
| **Will any additional equipment be needed?**(Rooms will be equipped with a computer, projector, and screen.) |  |
| **Any additional items you would like to note regarding your presentation, experiences, or other.** |  |