**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?) |  |
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| **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.** |  |