2009 VIRGINIA EMS SYMPOSIUM CALL FOR PRESENTATIONS APPLICATION

A. General Information:

Presenter's Name: _____ ____ _____ ____
First **MI** **Last** **Suffix**

Title and Affiliation: _____

Please provide a shipping address for UPS deliveries that require a signature.

Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ **State:** _____ **Zip/Postal Code:** _____

Contact Information: Please check the box indicating the best way to contact you.

Home: ( ) - _____ ☐
Work: ( ) - _____ ☐
FAX: ( ) - _____ ☐
Mobile: ( ) - _____ ☐
Pager: ( ) - _____ ☐
Email: _____

#1) Please attach a copy of your bio/curriculum vitae (CV) to this application.

References: Please list three (3) individuals who can attest to your presentations abilities:

Name	E-mail	Job Title and Affiliation

Previous Conference Presentations: Please list similar conferences at which you have presented. If you have presented at the Virginia EMS Symposium, please use that reference:

Conference Name		Dates		Topic(s) Presented

Office of EMS Use Only:

Track Assignment: _____

Day/Date: _____

Speaker Selected: ☐ Yes ☐ No **Date Confirmed:**

2009 VIRGINIA EMS SYMPOSIUM CALL FOR PRESENTATIONS APPLICATION:

Presentation Form

Complete a separate form for each session you propose to present.

Presenter's Name: _____ ____ _____ _____
First MI Last Suffix

Title you suggest for this session: _____

Presentation Suitable for: Check One

- ☐ **Suitable for all personnel**
- ☐ **Suitable for ALS Personnel**
- ☐ **Suitable for BLS Personnel**
- ☐ **Suitable for Advanced or Critical Personnel**
- ☐ **Suitable for Administrator and Managers**
- ☐ **Suitable for RN, PA, Physicians**

Teaching Method(s) to be used:

- ☐ **Lecture**
- ☐ **Hands-On (lab)**
  # of Break out rooms:
- ☐ **Other:**

Describe:

A) Length of Session (Standard sessions are 1.5 hours): _____

B) Are Co-Presenter(s) needed: Yes ☐ No ☐
(If YES, please present the reason co-presenter(s) is/are needed by completing the information requested below. "Assistants" are only funded for hands-on classes.)

Name	Title	E-mail	Reason

C. Attach a CV and brief biography for each co-presenter.

D. Do you have a limit on attendance in this session? Yes ☐ No ☐ How Many?

E. If you need equipment other than a standard setup (projector), please list what you need:

F) Rooms are set up in theater style unless otherwise requested. Do you need a special setup, such as classroom style? If so, check yes and attach a diagram. YES ☐

G) Honorarium requested? YES ☐ NO ☐

H) Other compensation (other than contract items) such as vendor booth if available. Describe:

Presentation Description (For use in conference brochure) Make it "to the point", descriptive and compelling to the reader. Give them a reason to choose your class. Use no more then 4-5 sentences. (NOTE: Program staff will edit final descriptions.)