

**CALL FOR PRESENTER PROPOSALS**

14th Annual Conference … “Partners in Progress”

March 24-25, 2023, Kenner, LA

**About the Conference**

The Brain Injury Association of Louisiana/LA Chapter United Spinal is seeking presenter proposals through October 1st for its 14th Annual Conference March 24-25, 2023 at the Doubletree Airport Hilton in Kenner, Louisiana.

* 200+ individuals attended this event in 2022 (including allied health professionals, caregivers, and individuals with brain and/or spinal cord injuries.)
* Proposals are reviewed by a committee of professionals in the field of brain/spinal cord injury.
* Program focus should be on evidenced based new or innovative therapies for brain/spinal cord injury, strategies, practical applications, skill-building for practitioners, etc.

**Presentation Guidelines**

* Continuing Education Credit (CEU) is provided to professional conference attendees in a variety of fields including PT, OT, SW, CRC, CCMC, ATP, LPC, Recreation Therapy, etc. Requirements specify that each speaker must submit a resume or CV, Bio, Title of Presentation, Brief Description of Presentation, at least three Measurable Learning Objectives/Outcomes and its Content Focus. **All information must be submitted by October 1st, 2022. This is important, as we need this information to apply for CEUs.**
* The Brain Injury Association of Louisiana does not provide speaking fees, honoraria or travel expenses. We thank you in advance for contributing your time and talent to brain and spinal cord injury education, and supporting our mission. However, conference registration, CEUs and lunch will be complementary.
* Conference workshops can range in length from 60 minutes to 120 minutes and speakers are asked to leave ten minutes at the end, for audience questions and comments. All attempts will be made to accommodate length of time request but this is not guaranteed.
* Panels (2+) may be considered, depending on topic, at the discretion of the conference committee, however no new co-presenters or panelists may be added after January 1st, 2023.
* **PowerPoint slides and/or handouts must be submitted by 3/01/23.**
* Presentations must be free of commercialism, promotion and advertising. Products, items or services must follow these guidelines:
  1. Presenter must provide open disclosure about the relationship to the product. About 75% of the presentation should focus on #’s2 & 3 below:
  2. Science-basis for similar products; a literature review on what science has led to rehabilitative or support approaches like this;
  3. Outcome research on similar approaches/products/services; fair disclosure of competitors, sharing other research on similar items.

About 25% of the presentation should focus on:

Open discussion of product/item/service and how people with brain/spinal cord injury could benefit.

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| Submitting the following proposal indicates my willingness and availability to provide an educational presentation for BIALA’s Annual Conference on March 24-25, 2023. **Proposals are due by October 1, 2022. However, it is encouraged that proposals be submitted before then as proposals will be reviewed and can be approved prior to then.**  Please email completed proposals and all requested documents to Kimberly Hill, Executive Director at [kim@biala.org](mailto:lmacfeeley@biama.org) . Please send email with questions or call 504-343-4592.  2023 ANNUAL CONFERENCE  Request for Presentation Proposal  ***Primary Speaker - PLEASE complete ALL information below***  ***Co-presenter(s) may omit any field with asterisk (\*) and complete all other info*** | | | | | | |
| **Full Name, with credentials**  **(as you would like it to appear in publicity)** | |  | | |  |
| **Professional Title (if applicable)** | |  | | |  |
| **Name of Company/Organization:** | |  | | |  |
| **Mailing Address: (include city/state/zip)**  **☐Business ☐Home** | |  | | |  |
| **Business Phone w/area code:** | |  | | |  |
| **Cell Phone w/area code:** | |  | | |  |
| **Email Address:** | |  | | |  |
| **Title of Presentation** | |  | | |  |
| **\*Detailed description of presentation (75 words or less)** | |  | | |  |
| **My Resume or CV is attached to the email**  **My short Bio is attached to the email (for conference program)** | | □ Yes  □ Yes | | |  |
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| **\*This workshop is suggested for the following audience(s): Please check all that apply** | | ☐Clinical Professionals  ☐Program Staff/Direct Care providers  ☐Professionals with > 5 years’ experience in brain/spinal cord injury  ☐Survivors of Brain Injury or Spinal Cord Injury  ☐Family/Caregivers  ☐ALL | | |  |
| **\*Brief content focus/focus domain** | |  | | |  |
| **\*Presentation Goal** | |  | | |  |
| **\*Measurable Presentation Learning Outcomes: (Please share significant and essential learning outcomes that attendees will achieve and can demonstrate after presentation) These outcomes MUST be measurable.** | || | |  |
| **\*Audio-Visual Needs:**  **PowerPoint set up is provided. A laptop is available; but must be requested in advance. Please check ALL items needed:** | | ☐PowerPoint set up ☐Laptop  ☐Bringing my own laptop (Windows/standard)  ☐Bringing a Mac laptop (if so, please bring your own adaptor)  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| **Will you be joining us for lunch?**  **Will you need CEUs?**    **Will you be attending both days?** | | ☐Yes ☐No If so, dietary restriction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐Yes ☐No If yes, discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐Yes ☐No | | |  |
| ***Date Preference:***  ☐ **Friday, March 24th**    ☐ **Saturday, March 25th** | | ***Length of time preference:***  ☐ 60 Minutes ☐ 75 Minutes ☐ 90 Minutes ☐ 120 Minutes  \*All efforts will be made to honor preferences but not guaranteed. Time includes 10 minutes for Q&A. | | |  |
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| **Authorization for Photo, Video, or Audio Recording of Presentation:**  **I grant permission to BIALA, its representatives, employees and volunteers the right to take photographs, video and/or audio recordings in connection with any educational presentation, and authorize BIALA, its assigns and transferees the right to use or publish same in print or electronically.**  **My name and date entered below is my approval for BIALA to use photographs/video/audio recordings of me (with or without my name) for any lawful purpose, including education, publicity, illustration, advertising, and web content.** | | |
| **Name** | | **Date** |