



CALL FOR PRESENTATIONS

2009 ANNUAL CONFERENCE
“Changing Lives”
MAY 19-21, 2009
Marriott at Sable Oaks
South Portland, Maine

We welcome you to submit a proposal to be a presenter at the Annual Conference. If you are interested, please complete the attached form and return it to NNEAHSA* by **February 18, 2009**.

This conference will offer twelve (12) interactive, peer-reviewed educational sessions on **Wednesday, May 20**, and the morning of **Thursday, May 21**. The Membership Services Committee will select sessions that appeal to a wide range of professionals and trustees in the field of senior housing and aging services and which have a corollary to the American Association of Homes and Services for the Aging’s “Quality First” elements (*see below*).

Attendees will consist of senior housing and aging service providers from Maine and New Hampshire, seeking to gain practical knowledge and strategies for personal growth and to maintain and improve their services to residents and clients.

Conference attendees will include:

- CEOs
- Administrators/Executive Directors
- Volunteer board members
- Senior housing managers
- Directors and Managers of: nursing, service delivery, program development, human resources, dining, environmental services, governance, finance and marketing/public relations

The conference goal is to provide tools needed to ensure the highest quality services and the most compassionate care to those served by members. Presentations should assist participants to meet or exceed expectations related to one or more of the following objectives:

- Customer service
- Financial stewardship
- Culture change
- Strategic planning
- Marketing to a competitive environment
- Team building
- Technology

PRESENTATION FORMAT:

The Annual Conference offers concurrent sessions which are 90 minutes in length. Presenters are required to submit a completed application that includes:

- A descriptive session title;
- An overview of the session's content;
- Achievable learning objectives.

In addition, presenters seeking honoraria and/or expense reimbursement must submit their specific needs with their proposal.

PRESENTER BENEFITS:

- Presenters will receive a complimentary registration for the Annual Conference.

PROPOSAL SELECTION PROCESS:

Proposals will be evaluated by the Membership Services Committee according to the following criteria:

- Applicability to AAHSA's "Quality First" elements (see link for more information: <http://www.aahsa.org/article.aspx?id=828>);
- Practical applicability to providers;
- Originality of topic;
- Concept or strategy;
- Completeness and clarity/specificity of proposal;
- Timeliness of subject matter.

Presenters will be notified of the committee's decision on their proposal by March 1, 2009.

PROPOSAL SUBMISSION:

Proposals must be submitted by February 18, 2009. Complete information, utilizing the attached submission form, may be e-mailed, faxed or mailed to:

Rosie Goedtel, Director of Member Services & Communications
Northern New England Association of Homes & Services for the Aging
PO Box 16506, Hooksett, NH 03106
Email: rgoedtel@nneahsa.org
Fax: (603) 606-1607
Questions? Call Rosie at (603) 606-1517

****As you may have heard, we are adopting a new name – Aging Services of Maine and New Hampshire! We'll be rolling out more information on this in the next month, and future communications will reflect this change.***



CALL FOR PRESENTATIONS – SPEAKER PROPOSAL

**2009 ANNUAL CONFERENCE
“Changing Lives”
MAY 19-21, 2009
Marriott at Sable Oaks
South Portland, Maine**

Please complete this form and attach any pertinent background documentation that you believe would be helpful to the committee in evaluating your proposal, such as bio and reference letters. Proposals must reach the association by email, fax or mail by **February 18, 2009** to be considered.

1. Title of Presentation: _____

2. Session Description (Please provide a 50-word description for this session as you propose it to appear in the conference brochure): _____

3. Educational Objectives: As a result of attending this session, the attendee will be able to:

4. Presenter or Lead Panelist:

First Name: _____ Last Name: _____

Job Title: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Primary Responsibilities: _____

Pertinent experience that qualifies you as speaker on this topic: _____

5. Applicability to the following AAHSA "Quality First" elements (select all that apply);**

- | | |
|---|--|
| <input type="checkbox"/> 1). Commitment | <input type="checkbox"/> 6). Human Resources Development |
| <input type="checkbox"/> 2). Governance & Accountability | <input type="checkbox"/> 7). Consumer-Friendly Information |
| <input type="checkbox"/> 3). Leading-Edge Care and Services | <input type="checkbox"/> 8). Consumer Participation |
| <input type="checkbox"/> 4). Community Involvement | <input type="checkbox"/> 9). Research Findings and Education |
| <input type="checkbox"/> 5). Continuous Quality Improvement | <input type="checkbox"/> 10). Public Trust and Consumer Confidence |

**Visit this link for more information: <http://www.aahsa.org/article.aspx?id=828>;

6. Topics (Select all that apply so we can attract the best audience for your session):

- | | |
|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Management |
| <input type="checkbox"/> Facilities/Security | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Governance | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Other: _____ |

.....who are professionals in:

- | | |
|--|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Nursing Care |
| <input type="checkbox"/> CCRC | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Home & Community-Based Services | |

7. Audio Visual Needs:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> TV/VCR | <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Flipchart |
| <input type="checkbox"/> LCD Projector (check here <input type="checkbox"/> if you will provide your own laptop) | | |
| <input type="checkbox"/> Other: _____ | | |

8. Room Set-up Preference: Theatre Rounds Classroom

9. Why should this session be included in the 2009 Annual Conference?

Please include information on any additional presenters:

First Name: _____ Last Name: _____

Job Title: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Primary Responsibilities: _____

Pertinent experience that qualifies him/her as a speaker on this topic: _____
