

**Home Care Alliance of Massachusetts  
2010 Spring Conference & Trade Show  
CSI: Connect, Share & Innovate  
June 9 – 10, 2010**

**Call for Presentations**

**Share your knowledge!**

**Attention Executive Directors, CEO's,  
Financial Officers, Clinical Directors,  
Supervisors, Clinical Managers and  
Home Care Consultants.**

The Home Care Alliance of MA invites you to submit presentation proposals that address timely and pertinent issues to home health care industry in 2010.



**Benefits of presenting**

- Be recognized by your peers
- Gain visibility as a leader
- Networking opportunities
- Exchange ideas
- Contribute to the advancement of your profession
- Complimentary registration the day of presentation

**Location & Contact Information**

**Sturbridge Host Hotel  
366 Main Street  
Sturbridge, MA 01566**

**Royce Tyree  
[rtyree@thinkhomecare.org](mailto:rtyree@thinkhomecare.org)  
Home Care Alliance of MA  
31 St. James Ave Ste 780  
Boston, MA 02116  
P: 617-482-8830  
F: 617-426-0509**

**We are particularly interested in presentations on:**

- Technology & Telehealth
- OASIS-C
- Private Care Management
- Innovative models of working with: ASAPs, SCOs, Managed Care organizations
- Clinical & Disease Management
- Marketing and Branding
- Staff Development & Retention
- Cultural Competency
- Strategic Marketing
- Performance Improvements Initiatives
- Financial Management
- Any other topics!

Plan to incorporate a wide variety of learning techniques and principles. Interactive presentations are encouraged and have been shown to increase learning retention. Consider using PowerPoint presentations, reference material, data collection and analysis tools, charts, forms, group exercises, case studies as well as structured Q&A sessions.

## Proposal Review Process

Proposals must be received by **January 29, 2010**. Each proposal is reviewed and evaluated by using the following guidelines:

- Relevance to home care
- Timely or innovative topic
- Overall quality and well-defined focus
- Practical application of materials
- Clearly identified objectives
- Teaching/Speaking experience of presenter
- Freedom from commercial bias

There is no limit to the number of proposals a presenter may submit. Proposals submitted by industry vendors are welcome. However, the content must be free from commercial bias. It is recommended that vendors include providers in their programs as co-presenters or panel members. Proposals may be submitted via email, fax or mail using the contact information at the bottom of this page.

### Each proposal should include the following 4 items:

- **Application form** (please type or print in black ink)
- **A curriculum vitae or resume for each presenter** (list recent presentation experience)
- **Program Description** (Program title, target audience, learning level, and a 100 word or less description to be used in promotional brochure)
- **Outline of Program Content & Objectives** (To assist with crafting objectives, complete the following sentence, listing the three main learning / behavior objectives: *At the completion of this session, participants will be able to...*)

**Compensation:** By submitting your proposal you recognize that **HCA is unable to pay honorariums, travel, meals, lodging or per diem costs to speakers**. However, HCA is pleased to offer all presenters a complimentary registration on the day(s) of their presentation.

**Modifications:** HCA may seek modification to a proposal before a final decision is made and presenter may be asked to combine elements of their presentation with other related proposals.

**Complete applications should be emailed, faxed, or mailed to:**

**Home Care Alliance of MA**  
**Attn: Royce Tyree**  
**31 Saint James Avenue**  
**Suite 780**  
**Boston, MA 02116**  
**P: 617-482-8830**  
**F: 617-426-0509**  
[rtyree@thinkhomecare.org](mailto:rtyree@thinkhomecare.org)

# 2010 Spring Conference Call for Presentations

## Application FORM

Presenter: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

Co-presenter (if any): \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

Provide complete information (title, organization, address, phone number) of any additional co-presenters on a separate sheet. No more than two co-presenters please.

**Please attach curriculum vitae or resume for each presenter listing recent presentation experience**

**What audio-visual/handouts support will you use in your presentation?**

\_\_\_\_\_

Upon request HCA will provide basic A/V needs such as overhead projectors, flip charts and microphones. Speakers may bring their own LCD projector and or Laptops. All files must be emailed to the HCA office for back-up prior to the conference.

### **PROGRAM DESCRIPTION**

Program Title: \_\_\_\_\_

Length of Program: 75 minutes allow time for Q&A

Target Audience: \_\_\_\_\_

Learning Level (Choose one) Beginning, Intermediate, Advanced, All Levels

This program description will be used in evaluating your program and for promotional brochures. Do NOT exceed 100 words.

---

---

---

---

---

## Outline of Program Content and Objectives

Title of Program: \_\_\_\_\_

Purpose/Goal of Program: \_\_\_\_\_

Note: CEU credit is based on 50 minutes of instruction programs should run 75 minutes including time for Q&A

<b># of Minutes</b> <i>How much time will allotted to each objective</i>	<b>Program Objectives</b> <i>At the completion of this session, participants will be able to....</i>	<b>Content Outline</b> <i>Outline the steps to achieve each objective</i>	<b>Teaching Method</b> <i>Lecturing, PowerPoint, Hands-on, Video, Statistics, etc.</i>	<b>Faculty</b> <i>Presenter name or Co-presenter's name</i>