

**Share your knowledge and experience at the  
 2019 Professional and Caregiver's Conferences  
 Tuesday, April 16 & Wednesday, April 17 at the Albany Marriott.**

The Alzheimer's Association of Northeastern New York seeks stimulating presentations that will provide current and practical information to the 500 family care partners and professional caregivers anticipated to attend the 2019 Conferences.

**Workshop Proposal Submission Deadline is December 28, 2018**

The Alzheimer's Association's Professional and Caregiver's Conferences, provide family care partners and healthcare professionals with opportunities to hear from industry leaders, attend educational workshops, learn about local resources, visit with vendors, and network with hundreds of others with a shared experience.

*Workshops are intended to educate and support learning. Presenters may not sell, promote or pitch any specific product, company, or service. Each workshop is 75 minutes in length, including time for questions and answers. (Presentation material should not be more than 60 minutes in length).*

**Procedures for Workshop Proposal Submissions**

- To ensure inclusion in the review process, all proposals must be submitted by December 28, 2018.
- Submit a separate completed proposal cover form (this document) with each proposal.
- Incomplete and/or handwritten proposals will not be reviewed.

A limited number of workshop slots are available. The Alzheimer's Association Northeastern New York Chapter's Conference Advisory Committee will review all submissions. Notification of decisions will occur by February 8, 2019. Proposals may be submitted via:

- email to [esalamida@alz.org](mailto:esalamida@alz.org)
- fax to 518.867.4997
- mail or hand delivery to: Alzheimer's Association Northeastern New York Chapter  
 4 Pine West Plaza, Suite 405  
 Albany, NY 12205

**Topic:** Check one box below that best fits your presentation topic. These are only suggestions and should not limit your thinking. If you mark "Other" provide your own topic descriptor.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Caregiving After Placement | <input type="checkbox"/> Legal/Financial | <input type="checkbox"/> OT/PT/Speech Therapy Intervention | <input type="checkbox"/> Sexuality/Intimacy |
| <input type="checkbox"/> Caring for the Caregiver   | <input type="checkbox"/> Mid-Stage       | <input type="checkbox"/> Planning/End of Life              | <input type="checkbox"/> Social Engagement  |
| <input type="checkbox"/> Complementary Therapies    | <input type="checkbox"/> Nutrition       | <input type="checkbox"/> Research                          | <input type="checkbox"/> Spirituality       |
| <input type="checkbox"/> Early Stage                | <input type="checkbox"/> Medication      | <input type="checkbox"/> Safety                            | <input type="checkbox"/> Other: _____       |

**Title:** Provide a 8-10 word title that clearly and creatively reflects the content of the workshop. Titles will be used in the brochure and program booklet and may be edited.

**Description:** Provide a 75-100 word description of what the workshop will cover. This description will be used in the brochure and program booklet and may be edited.

**Intended Audience:**  New to Caregiving  Family Caregiver  Professional Caregiver **PLEASE NOTE:** Proposals for Professional Caregivers will be considered for Professional Conference on 4/16 ONLY.

SMARTBars, offered at the Caregiver's Conference, provide opportunities for caregivers to ask experts in the field questions on a specific topic and are available during exhibit times.

I am interested in staffing a SMARTBar Topic: \_\_\_\_\_

**Professional Background for Presenters:** For yourself and each person named as an additional presenter, provide (on a separate sheet for each presenter) a brief biographic outline of 100 words or less to be used in conference materials and a resume/vitae. These items should reflect knowledge and experience related to the proposed workshop topic and the aging services field, areas of specialty, publications, etc. If available, please provide video of the presenter via a web link or YouTube.

**Name of Lead Presenter/Proposal Submitter:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Biography Attached  Resume Attached

Additional Presenter Name	Phone Number	Email	Bio Attached	Resume Attached
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**References:** Provide the names and contact information for at least two persons who can attest to your skill as a presenter.

Name	Organization	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Prospective Speaker Terms and Conditions**

**Audiovisual Equipment:** Standard workshop room setup will include a screen, audiovisual cart, podium and speaker table. Presenters are responsible for providing any other equipment required for their presentation, including, but not limited to: projectors, computers and additional speakers.

**Reimbursement Policy:** Alzheimer’s Association Northeastern New York Chapter cannot pay honoraria, travel, per diem or other costs for workshop presenters. In addition, presenters are responsible for all expenses incurred in the development and implementation of their workshops, including the reproduction of their handouts. In appreciation for their contribution, the Association waives registration fees for presenters and provides access to all conference amenities, including lunch.

**Additional Terms and Conditions:** All speakers agree to:

- › Keep the conference date of April 16/17, 2019 available until notified of the status of their proposal, or until February 8<sup>th</sup>, whichever comes first, and commit to participation on April 16/17 should this proposal be accepted.
- › Prepare, duplicate and distribute appropriate handouts at the workshop.
- › Allow handouts and presentation slides to be posted on the Alzheimer’s Association Northeastern NY Chapter website.
- › Allow the Alzheimer’s Association Northeastern New York Chapter to list presenter contact information (including email address) in print and electronic publications related to the conference.
- › **Not** sell, promote or pitch any product or service during the proposed workshop, and not to allow the same by any additional presenter or panel member.

I, the undersigned above named proposal submitter, agree to comply with all prospective speaker terms and conditions outlined above, including the speaker reimbursement policy. For the purposes of electronic submission, I understand that the entry of my name and email address in the space below and submission from that email address constitute my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date