



2010 OHIO REHABILITATION ASSOCIATION ANNUAL TRAINING SEMINAR
EMBASSY SUITES COLUMBUS AIRPORT HOTEL, COLUMBUS, OHIO
OCTOBER 6-7, 2010

CALL FOR PRESENTATION PROPOSAL FORM

PLEASE PRINT CLEARLY AND RETURN BY THE DEADLINE OF JUNE 1, 2010

INSTRUCTIONS: Please complete the following two page form clearly and in its *entirety*. All pages must be completed and submitted by June 1, 2010. Please review the attached (these can also be found on our website at: WWW.OHIOREHAB.ORG) for further instructions and information regarding presentation specifics.

TITLE OF PRESENTATION: (10 words or less)

ABSTRACT/SUMMARY OF SESSION: Please limit to 75 words or less, suitable for publication. Specifics will help seminar attendees select presentations to attend.

PROGRAM OBJECTIVES: These must be stated in behavioral terms with a minimum of three (Example: Objective 1: Identify the problem; Objective 2: Define potential new approach; and Objective 3: Develop Strategies to implement).

Objective 1:

Objective 2:

Objective 3:

PROGRAM PREFERENCE OF DAY AND TIME: Please mark your 1st and 2nd choices. Also, we have limited options for pre-seminar and sunrise sessions, therefore, please indicate if you are interested in either of these presentation times. In addition, unless otherwise noted, all sessions are scheduled for 1.5 hours.

_____ Wednesday Pre-Seminar Session (1 hour) _____ Wednesday Pre-Seminar Session (1.5 hours)

_____ Thursday Sunrise Session (1 hour from 7:00 a.m. to 8:00 a.m.)

_____ Thursday Morning Session (1.5 hours) _____ Thursday Afternoon Session (1.5 hours)



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PAGE TWO

EACH PRESENTER MUST COMPLETE THE FOLLOWING AND SUBMIT A ONE PAGE VITAE OR BIO WHICH OUTLINES YOUR EDUCATION AND CREDENTIALS. PLEASE PROVIDE YOUR EDUCATION (FIELDS OF STUDY MUST BE IDENTIFIED, E.G., REHABILITATION COUNSELING) AND BRIEF DESCRIPTION OF YOUR EXPERIENCE AND/OR EXPERTISE IN THE AREA OF YOUR PRESENTATION. EACH PRESENTER MUST PROVIDE BOTH OF THESE DOCUMENTS AS REQUIRED FOR APPROVAL OF CONTINUING EDUCATION CREDIT HOURS.

THIS PERSON IS THE: Lead Presenter or Co-Presenter

Name _____ Title _____

Credentials (inc. field of study) _____

Employer _____

Home Work Mailing Address _____ Work Phone # _____

City, State, Zip _____ Other Phone # _____

Email Address (required) _____

ACCOMMODATION REQUEST: Please describe if you require any accommodations, e.g., an interpreter

PRESENTER BENEFITS: As a Presenter you can attend the seminar at no cost and receive CEUs, if applicable. Please indicate below your choice:

Will attend Not applicable due to employment or ethical considerations

VESTED INTERESTS OF FACULTY: Having an interest in an organization does not prevent a presenter from making a presentation, but the audience must be informed of this relationship prior to the start of the activity. (If the applicant already has special forms to identify this, it does not need to be repeated on this Biographical Data Form. Include the presenter's copy of the completed forms declaring vested interest.)

I recognize that I must follow all guidelines and criteria regarding vested interest. Any real or perceived conflict of interest for a seminar participant must be disclosed. For this purpose a real or apparent conflict of interest is defined as having a significant financial interest in a product to be discussed directly or indirectly during the presentation, being or having been an employee of a company with such financial interest and/or having had substantial research support by an industry to study the product to be discussed at the presentation.

I have no real or perceived conflicts of interest related to this presentation

I have the following real or perceived conflicts of interest that relate to this presentation (please attach a statement regarding the conflict of interest).

Signature of Presenter

PLEASE COPY THIS PAGE AND COMPLETE FOR EACH CO-PRESENTER.

PLEASE SUBMIT ALL PAGES AND A ONE PAGE VITAE/BIO
VIA EMAIL (PREFERRED METHOD) BY JUNE 1, 2010 TO:
Joseph Keferl, Program Committee Chair, at: JOSEPH.KEFERL@GMAIL.COM

FOR QUESTIONS OR FURTHER INFORMATION, E.G., A MAILING ADDRESS OR FAX NUMBER FOR SUBMISSION, PLEASE CONTACT:
Joseph (Joe) Keferl at JOSEPH.KEFERL@GMAIL.COM OR (937) 371-2842