

2017 Call for Session Proposals

General Information

[Social Norms and Culture: Honoring Experiences and Perspectives](#)

Healthy Teen Network 2017 Conference

October 2-4, 2017

Baltimore, Maryland

The deadline to submit a proposal is 11:59 pm ET on Wednesday, February 22, 2017. [Please click here](#) to read more about this year's conference. You will need to submit the following items along with your session proposal:

- Your resume or CV in PDF format
- Your biography
- Your co-presenter(s)'s resume or CV in PDF format
- Your co-presenter(s)'s biography
- Date/s, location/s, and conference title/s if session was previously presented in the past two years or will be presented in 2017

Please be sure to review the [Proposal Submission information](#) prior to submitting a proposal. If you would like to preview the proposal form, you can download the form as a PDF [here](#).

If at any time you would like to save and continue your proposal submission, please click the button at the top of the screen that says "Save and Continue Later," and enter your email address to have a link sent to you that will allow you to return to complete the proposal.

Session Type

Identify the session type: *

- Poster sessions feature examples of an individual's, organization's, or project's work. At least one representative of the featured organization or project must be present during the poster session to present their work and engage with attendees. Please review the specifications for [a poster submission](#).
- Roundtable sessions feature an open discussion and informal exchange of ideas in a small group led by a facilitator, rather than a presenter/lecturer.
- Workshop sessions feature an individual, group, or panel presentation on specific programmatic experiences, research, promising practices, skills building, policies, procedures, or training.

- ☐ Poster
- ☐ Roundtable
- ☐ Workshop

Poster Presenter Contract

This portion of the Call for Session Proposals must be completed by the lead presenter on behalf of all the presenters. Please complete this contract by checking the boxes next to the statements, then signing your full name below.

I understand and agree, that if my proposal is approved by Healthy Teen Network... *

- ☐ My session must abide by [Healthy Teen Network Guiding Principles](#).
- ☐ I, the lead presenter, am the primary contact for this session and am responsible for disseminating information to other presenters within the group unless I request otherwise.
- ☐ I am required to be present at the formal poster session, Tuesday, October 3, 2017, from 3:30-5:00 pm.

- ☐ I must register and pay for the conference by July 27, 2017. Healthy Teen Network cannot offer an honorarium or pay travel, per diem, or lodging expenses. Healthy Teen Network extends a 15% discount on conference registration to lead presenters only.
- ☐ I must notify Healthy Teen Network by July 27, 2017, regarding any circumstances that prohibit me from presenting at the annual conference.
- ☐ I must notify Healthy Teen Network of any changes to the information contained in this session proposal form (e.g., presenter change, etc.) by August 31, 2017.
- ☐ If I wish to share any paper copies of poster presentation materials with attendees, I am responsible for providing copies. Healthy Teen Network will not provide production or copying of materials.
- ☐ I am required to submit an electronic proof of my poster for review prior to printing and an electronic version of the final poster for inclusion on Healthy Teen Network's website.
- ☐ I must provide Healthy Teen Network with electronic copies of handouts by August 31, 2017, regardless of whether I choose to share these materials on Healthy Teen Network's website with Healthy Teen Network members and conference attendees.
- ☐ I will be responsible for printing my poster (maximum size: 72" W x 48" H), at my own expense, and mounting and removing it at the conference. (Healthy Teen Network will provide display boards for posters.)
- ☐ I must refrain from mentioning, selling, or promoting any products or services that would result in financial gain for me or my companies unless I have disclosed my interests on my faculty disclosure. I will also inform the audience of my interests before commencing with my session. Products and services include, but are not limited to, curricula, program models, books, consulting, special reports, DVDs, webinars, and subscriptions.
- ☐ I must refrain from discussing fees/fee ranges of my products or services during my session. In the event that a participant asks for this information during a session, Healthy Teen Network suggests offering to answer the question after the close of the session.
- ☐ Healthy Teen Network may include any of the information provided in this session proposal in the promotional materials for this conference and reserves the right to edit that information.
- ☐ Healthy Teen Network reserves the right to reject any session proposal at its discretion.

I have read and agree to abide by the Healthy Teen Network Presenter Contract. I understand that, should my session proposal be selected for inclusion in this conference, my electronic signature below indicates my willingness to present, that failure to adhere to these guidelines may result in the cancellation of my workshop, as well as penalties (i.e., a two-year ban from presenting at Healthy Teen Network events), and that, should Healthy Teen Network incur any costs due to such a failure, I may be responsible for providing restitution in the amount of those charges. *

(Use the cursor to sign the Presenter Contract electronically and type your name in the box below.)

Clear

Sign name using mouse or touch pad

Signature of

Workshop/Roundtable Presenter Contract

This portion of the Call for Session Proposals must be completed by the lead presenter on behalf of all the presenters. Please complete this contract by checking the boxes next to the statements, then signing your full name below.

I understand and agree, that if my proposal is approved by Healthy Teen Network... *

- ☐ My session must abide by [Healthy Teen Network Guiding Principles](#).
- ☐ I, the lead presenter, am the primary contact for this session and am responsible for disseminating information to other presenters within the group unless I request otherwise.

- ☐ I must register and pay for the conference by July 27, 2017. Healthy Teen Network cannot offer an honorarium or pay travel, per diem, or lodging expenses. Healthy Teen Network extends a 15% discount on conference registration to lead presenters only.
- ☐ I must notify Healthy Teen Network by July 27, 2017, regarding any circumstances that prohibit me from presenting at the annual conference.
- ☐ I must notify Healthy Teen Network of any changes to the information contained in this session proposal form (e.g., presenter change, AV support, etc.) by August 31, 2017.
- ☐ I will NOT be able to make AV support changes to the session after August 31, 2017.
- ☐ I must provide Healthy Teen Network with electronic copies of slides and handouts by August 31, 2017, regardless of whether I choose to share these materials on Healthy Teen Network's website with Healthy Teen Network members and conference attendees.
- ☐ If I wish to share any paper copies of session materials with workshop attendees, I am responsible for providing copies. Healthy Teen Network will not provide production or copying of materials.
- ☐ Healthy Teen Network will provide flipchart paper, easel, and markers; an LCD projector, screen, and speakers for a laptop for all workshop sessions; as well as a microphone and/podium in rooms large enough to warrant the need. Laptops will NOT be provided. I must bring a laptop if I intend to display a session on the projection screen. If I bring an Apple laptop, I must bring my own adapter to connect to the LCD projector. Healthy Teen Network will NOT be able to provide one for me. Additional AV support may be requested using this form, to be provided at my own expense.
- ☐ I must refrain from mentioning, selling, or promoting any products or services that would result in financial gain for me or my companies unless I have disclosed my interests on my faculty disclosure. I will also inform the audience of my interests before commencing with my session. Products and services include, but are not limited to, curricula, program models, books, consulting, special reports, DVDs, webinars, and subscriptions.
- ☐ I must refrain from discussing fees/fee ranges of my products or services during my session. In the event that a participant asks for this information during a session, Healthy Teen Network suggests offering to answer the question after the close of the session.

- ☐ Healthy Teen Network may include any of the information provided in this session proposal in the promotional materials for this conference and reserves the right to edit that information.
- ☐ Healthy Teen Network reserves the right to reject any session proposal at its discretion.

I have read and agree to abide by the Healthy Teen Network Presenter Contract. I understand that, should my session proposal be selected for inclusion in this conference, my electronic signature below indicates my willingness to present, that failure to adhere to these guidelines may result in the cancellation of my workshop, as well as penalties (i.e., a two-year ban from presenting at Healthy Teen Network events), and that, should Healthy Teen Network incur any costs due to such a failure, I may be responsible for providing restitution in the amount of those charges. *

(Use the cursor to sign the Presenter Contract electronically and type your name in the box below.)

Clear

Sign name using mouse or touch pad

Signature of

Lead Presenter Information

First Name *

Last Name *

Credentials *

Healthy Teen Network includes presenters' credentials in the conference program and they are required as part of our Continuing Education Credit applications. Please select all that apply.

- | | | | | | |
|---|--------------------------------|---------------------------------|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> CSE | <input type="checkbox"/> FNAP | <input type="checkbox"/> LMSW | <input type="checkbox"/> MHS | <input type="checkbox"/> PGCE |
| <input type="checkbox"/> ANEF | <input type="checkbox"/> CSHE | <input type="checkbox"/> FSAHM | <input type="checkbox"/> LPN | <input type="checkbox"/> MLIS | <input type="checkbox"/> PhD |
| <input type="checkbox"/> BA | <input type="checkbox"/> CVA | <input type="checkbox"/> HMA | <input type="checkbox"/> LSSGB | <input type="checkbox"/> MPA | <input type="checkbox"/> PNP |
| <input type="checkbox"/> BS | <input type="checkbox"/> DM | <input type="checkbox"/> ICPS | <input type="checkbox"/> LSW | <input type="checkbox"/> MPH | <input type="checkbox"/> PPS |
| <input type="checkbox"/> BSN | <input type="checkbox"/> DNP | <input type="checkbox"/> JD | <input type="checkbox"/> MA | <input type="checkbox"/> MPIA | <input type="checkbox"/> RN |
| <input type="checkbox"/> CHES | <input type="checkbox"/> DrPH | <input type="checkbox"/> LBSW | <input type="checkbox"/> MAT | <input type="checkbox"/> MPL | <input type="checkbox"/> RNBSN |
| <input type="checkbox"/> CLC | <input type="checkbox"/> EdD | <input type="checkbox"/> LCSW | <input type="checkbox"/> MBA | <input type="checkbox"/> MS | <input type="checkbox"/> ScD |
| <input type="checkbox"/> CLE | <input type="checkbox"/> EdS | <input type="checkbox"/> LCSW-C | <input type="checkbox"/> MCHES | <input type="checkbox"/> MSN | <input type="checkbox"/> WHNP-BC |
| <input type="checkbox"/> CNM | <input type="checkbox"/> Esq. | <input type="checkbox"/> LGSW | <input type="checkbox"/> MD | <input type="checkbox"/> MSW | <input type="checkbox"/> Other - Write In |
| <input type="checkbox"/> CPH | <input type="checkbox"/> FAAN | <input type="checkbox"/> LLPC | <input type="checkbox"/> MDiv | <input type="checkbox"/> NBCT | <input type="text"/> |
| <input type="checkbox"/> CPS | <input type="checkbox"/> FAANP | <input type="checkbox"/> LMFT | <input type="checkbox"/> MEd | <input type="checkbox"/> NP-BC | |

Organization *

Please do not abbreviate or use acronyms. What is entered here will be used in the final text of the conference program.

Work Email *

Work Phone *

Alternate Communication Method *

- ☐ Email
- ☐ Phone

Alternate Email *

Alternate Phone *

Lead Presenter Biography *

100-word minimum. 500-word maximum.

Attach Lead Presenter Resume or Curriculum Vitae *

Only PDF documents 500KB or smaller accepted.

Browse...

Do you have a co-presenter? *

This does not include youth presenters. Their information will be requested separately.

☐ Yes

☐ No

Co-Presenter Information

Co-Presenter First Name *

Co-Presenter Last Name *

Co-Presenter Credentials *

Healthy Teen Network includes presenters' credentials in the conference program and they are required as part of our Continuing Education Credit applications. Please select all that apply.

- | | | | | | |
|---|--------------------------------|---------------------------------|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> CSE | <input type="checkbox"/> FNAP | <input type="checkbox"/> LMSW | <input type="checkbox"/> MHS | <input type="checkbox"/> PGCE |
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| <input type="checkbox"/> CNM | <input type="checkbox"/> Esq. | <input type="checkbox"/> LGSW | <input type="checkbox"/> MD | <input type="checkbox"/> MSW | <input type="checkbox"/> Other - Write In |
| <input type="checkbox"/> CPH | <input type="checkbox"/> FAAN | <input type="checkbox"/> LLPC | <input type="checkbox"/> MDiv | <input type="checkbox"/> NBCT | <input type="text"/> |
| <input type="checkbox"/> CPS | <input type="checkbox"/> FAANP | <input type="checkbox"/> LMFT | <input type="checkbox"/> MEd | <input type="checkbox"/> NP-BC | |

Co-Presenter Organization *

Please do not abbreviate or use acronyms. What is entered here will be used in the final text of the conference program.

Co-Presenter Work Email *

Co-Presenter Work Phone *

Co-Presenter Biography *

100-word minimum. 500-word maximum.

Attach Co-Presenter Resume or Curriculum Vitae *

Only PDF documents 500KB or smaller accepted.

Browse...

Do you have a third presenter? *

This does not include youth presenters. Their information will be requested separately.

☐ Yes

☐ No

3rd Presenter Information

3rd Presenter First Name *

3rd Presenter Last Name *

3rd Presenter Credentials *

Healthy Teen Network includes presenters' credentials in the conference program and they are required as part of our Continuing Education Credit applications. Please select all that apply.

- | | | | | | |
|---|--------------------------------|---------------------------------|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> CSE | <input type="checkbox"/> FNAP | <input type="checkbox"/> LMSW | <input type="checkbox"/> MHS | <input type="checkbox"/> PGCE |
| <input type="checkbox"/> ANEF | <input type="checkbox"/> CSHE | <input type="checkbox"/> FSAHM | <input type="checkbox"/> LPN | <input type="checkbox"/> MLIS | <input type="checkbox"/> PhD |
| <input type="checkbox"/> BA | <input type="checkbox"/> CVA | <input type="checkbox"/> HMA | <input type="checkbox"/> LSSGB | <input type="checkbox"/> MPA | <input type="checkbox"/> PNP |
| <input type="checkbox"/> BS | <input type="checkbox"/> DM | <input type="checkbox"/> ICPS | <input type="checkbox"/> LSW | <input type="checkbox"/> MPH | <input type="checkbox"/> PPS |
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| <input type="checkbox"/> CPS | <input type="checkbox"/> FAANP | <input type="checkbox"/> LMFT | <input type="checkbox"/> MEd | <input type="checkbox"/> NP-BC | |

3rd Presenter Organization *

Please do not abbreviate or use acronyms. What is entered here will be used in the final text of the conference program.

3rd Presenter Work Email *

3rd Presenter Work Phone *

3rd Presenter Biography *

100-word minimum. 500-word maximum.

Attach 3rd Presenter Resume or Curriculum Vitae *

Only PDF documents 500KB or smaller accepted.

Browse...

Do you have any additional presenters? *

This does not include youth presenters. Their information will be requested separately.

☐ Yes

☐ No

Please provide any additional presenters' contact information here. All presenters will be recognized in the final conference program and listed in the conference faculty and participant listings. *

Please include first and last name, organization, credentials, and email address.

Youth Presenter Information

Do you have any youth presenters? *

☐ Yes

☐ No

Please provide all youth presenters' names and their affiliations (e.g., organization or school), as appropriate. *

Session Information

Session Title: *

Note: Sessions with more descriptive and creative titles tend to attract more participants.

Session Description: *

We suggest including information about the topic, objective(s), intended audience, and/or methodology. The description will be included in the final conference program for accepted session proposals. (100-word limit)

The content of your session proposal is best described as: *

- ☐ This presentation presents foundational and core competencies.
- ☐ This presentation builds and expands upon core competencies.
- ☐ This presentation presents new or emerging concepts and ideas.

Conference Tracks

All sessions are categorized into tracks based on the content. [Please click here](#) for descriptions of the tracks.

Identify the track relevant to the session: *

- ☐ Innovation
- ☐ Research to Practice
- ☐ Public Policy & Social Change
- ☐ Foundations of Practice
- ☐ Leadership & Organizational Development

Please explain how your session/poster fits the track you selected. *

Presentation Chronicle

If you or your co-presenter(s) have presented at a Healthy Teen Network Conference in the past two years, please select the year below. *

- ☐ November 14-16, 2016, in Las Vegas. Roles, Relationships, & Relevance in the Changing Landscape of Adolescent Health.
- ☐ October 13-16, 2015, in Baltimore. Youth 360°: How & Where Youth Live, Learn, & Play Matters.
- ☐ I/we have not presented at a Healthy Teen Conference in the past two years.

Have you or your co-presenter(s) presented, or plan to present, this session/poster anywhere other than our conference between October 2015 and October 2017? *

- ☐ Yes
- ☐ No

Please provide the date(s) and title(s) of the event(s). *

1. Do you want your session materials to be shared with conference attendees and members on the Healthy Teen Network website? *

- ☐ Yes
- ☐ No

Evidence-Based Approaches

Healthy Teen Network promotes [evidence-based approaches](#), which include evidence-based strategies, programs, and interventions, as well as innovative approaches.

How does your session/poster and its content employ evidence-based or innovative approaches? *

Healthy Teen Network prioritizes sessions that promote evidence-based or innovative approaches. (100-word limit)

How does your session/poster reflect [the conference theme](#), *Social Norms and Culture: Honoring Experiences and Perspectives*? Please also explain the benefit of conference attendees attending your session. *

(100-word limit)

Healthy Teen Network prioritizes sessions that integrate the principles of [Youth 360°](#). Are there ways in which your session/poster and its content integrate Youth 360° principles? *

☐ Yes

☐ No

If so, please describe. *

(100-word limit)

Workshop Session Structure

All workshops are either 45 minutes or 90 minutes in length. Workshops must be interactive, integrate [adult learning principles](#), and provide attendees with new tools, resources, and strategies applicable to their work.

I understand the workshop session structure and content requirements. *

- ☐ Yes
- ☐ No

I would prefer my workshop be considered for: *

Please note that your session length preference will be taken into consideration but cannot be guaranteed. Session lengths will be confirmed upon acceptance to present.

- ☐ 45-minute session
- ☐ 90-minute session

Workshop Session Objectives

Please provide a detailed outline of the proposed session. Include adequate time for activities, plus at least 10 minutes for questions and answers. Use [SMART objectives](#). Be thorough, clear, and succinct (1-2 sentences) in your responses.

Objective #1 *

By the end of this presentation, participants will be able to

What learning methods will you use to achieve Objective #1? *

(Select all that apply.)

- ☐ Lecture
- ☐ Small and/or large group discussion
- ☐ Role play
- ☐ Case study
- ☐ Video
- ☐ Game
- ☐ Interactive activity
- ☐ Other: Please explain.

Time Allotted for Objective #1 *

Objective #2 *

By the end of this presentation, participants will be able to

What learning methods will you use to achieve Objective #2? *

(Select all that apply.)

- ☐ Lecture
- ☐ Small and/or large group discussion
- ☐ Role play
- ☐ Case study
- ☐ Video
- ☐ Game
- ☐ Interactive activity
- ☐ Other: Please explain.

Time Allotted for Objective #2 *

Objective #3 *

By the end of this presentation, participants will be able to

What learning methods will you use to achieve Objective #3? *

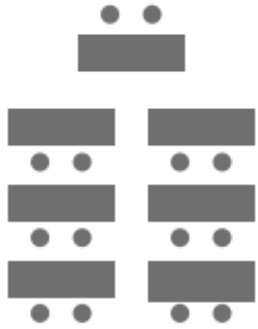
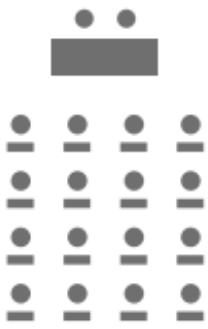
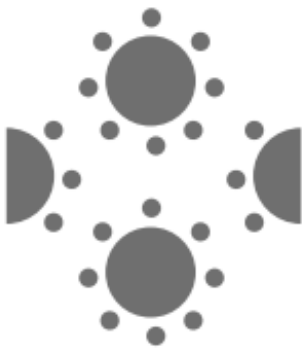
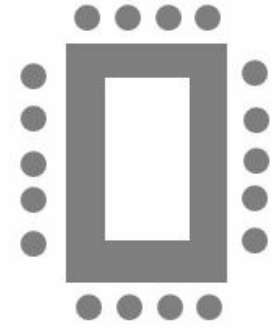
(Select all that apply.)

- ☐ Lecture
- ☐ Small and/or large group discussion
- ☐ Role play
- ☐ Case study
- ☐ Video
- ☐ Game
- ☐ Interactive activity
- ☐ Other: Please explain.

Time Allotted for Objective #3 *

Room Set-up

All workshops will be placed in a classroom-style setting. If you anticipate needing room set-up other than classroom-style, please indicate below. We will do our best to accommodate requests, but we cannot guarantee we will be able to do so.

Classroom Set-up:	Theatre Style Set-up:	Banquet Rounds Set-up:	Hollow Square Set-up:
			

Do you anticipate needing a different room set-up? *

- ☐ No: Classroom set-up is appropriate.
- ☐ Yes: Theater set-up preferred, if possible.
- ☐ Yes: Banquet rounds set-up preferred, if possible.
- ☐ Yes: Hollow square set-up preferred, if possible.

AV Support

Support and materials provided at no cost include:

- LCD projector, screen, and speakers for a laptop;
- One pad of flipchart paper with easel and markers; and
- Microphone and/or podium *in rooms large enough to warrant the need.*

Do you require additional AV support? *

Healthy Teen Network can help arrange for additional AV support, **to be provided at your expense**. We will contact you with cost information after the session proposal is accepted.

- ☐ No, I do not require additional AV support.
- ☐ Yes, I require additional AV support. Please explain:

Roundtable Sessions

Page description:

Healthy Teen Network's roundtable discussions are interactive sessions focused on compelling topics in the field of adolescent health and are excellent venues for guided, in-depth conversation, giving and receiving targeted feedback, and meeting with a small cohort of colleagues with similar interests.

Roundtable facilitation typically includes 10 minutes of framing or introduction, followed by discussion and feedback. Because it is the most flexible format offered at the conference, each roundtable may look quite different from session to session. We invite presenters to submit session proposals for dynamic roundtables that provide concrete tools to our members.

I would prefer my roundtable be considered for: *

Please note that your session length preference will be taken into consideration but cannot be guaranteed. Session lengths will be confirmed upon acceptance to present.

- ☐ 45-minute session
- ☐ 90-minute session

Please describe the content that you will cover in the first 10 minutes of the roundtable. *

A minimum of five discussion questions are required to guide the roundtable discussion. What five questions do you intend to ask attendees? *

Discussion
Question #1

Discussion
Question #2

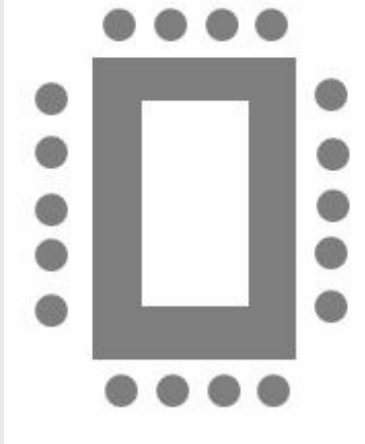
Discussion
Question #3

Discussion
Question #4

Discussion
Question #5

Room Set-up

All roundtable rooms are set up in hollow squares by default (diagram below).



AV Support

Due to the nature of our roundtable format, Healthy Teen Network discourages any use of audio/visual equipment. One pad of flipchart paper with easel and markers will be provided.

Healthy Teen Network Faculty Disclosure of Conflict of Interest

Page description:

For the purpose of providing Continuing Education Credits (CEUs) to our attendees, Healthy Teen Network requires disclosure of any significant relationship(s) or affiliation(s) with any organization.

Significant relationships include receiving research grants, speakers bureau membership, consultancies, honoraria and travel, other benefits from a company, or having a self-managed equity interest in a company. The disclosure of a significant relationship does not suggest or condone bias in any session. Disclosure provides attendees with information that may be important to their evaluation of a session.

*

- ☐ No, I do not nor do any of my co-presenters, or our immediate family members, have a significant relationship with any commercial companies or any directly competing company whose product(s) or services I will refer to in my session(s).
- ☐ Yes, I or one of my co-presenters, or an immediate family member, has a significant relationship with a commercial company or any directly competing company whose product(s) or services I will refer to in my session(s).

Please name the company/companies and explain the relationship. *

Select the **SUBMIT** button below to submit your final session proposal. A confirmation email and PDF copy of your proposal will be sent to the lead presenter's email.