



ARIZONA HEALTH EQUITY

CONFERENCE

AZ Health Equity Conference 2019 BREAKOUT SESSION PROPOSAL OVERVIEW PLEASE USE THE FOLLOWING [LINK](#) TO PROPOSE YOUR SESSION

THIS DOCUMENT IS INFORMATIONAL ONLY AND DOES NOT CONSTITUTE A SUBMISSION

Conference will take place October 10th, 2019. One (1) lead presenter will need the following information in order to complete the online submission form for each proposed session and will be the main point of contact going forward. You are able to choose between 60-minute session (breakout 1) or 30-minute session (breakout 2). The first breakout session (breakout 1) will take place from **1:15pm to 2:15pm** and the second breakout (breakout 2) will take place from **2:30pm to 3:30 pm**.

The lead presenter will have the opportunity to add co-presenters; you must include each co-presenter's name, organization name, position/title, cell phone, email address and biography on the submission form. Please have this information ready before starting the submission process.

If your submission is accepted, the lead presenter will be eligible to register to attend the Conference at no cost. Co-presenters must register at the standard rates.

You have any questions, please contact the planning committee at info@azhequityconf.org or Lauriane Hanson, breakout session committee lead at 480.521.0084.

* = Required

LEAD PRESENTER

- First Name: *
- Last Name (include credentials in the order you want them to appear): *
- Position: *
- Name of Organization: *
- City: *
- State: *
- ZIP Code: *
- Cell Phone: *
- Email: *
- Biography (up to 150 words or approximately 1,000 characters): *
- Headshot: *

CO-PRESENTER(S)

Co-Presenter 1



•First

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Name: *

- Last Name (include credentials in the order you want them to appear): *
- Position: *
- Name of Organization: *
- City: *
- State: *
- ZIP Code: *
- Cell Phone: *
- Email: *
- Biography (up to 150 words or approximately 1,000 characters): *
- Headshot: *

Co-Presenter 2

- First Name: *
- Last Name (include credentials in the order you want them to appear): *
- Position: *
- Name of Organization: *
- City: *
- State: *
- ZIP Code: *
- Cell Phone: *
- Email: *
- Biography (up to 150 words or approximately 1,000 characters): *
- Headshot: *

Co-Presenter 3

- First Name: *
- Last Name (include credentials in the order you want them to appear): *
- Position: *
- Name of Organization: *
- City: *
- State: *
- ZIP Code: *
- Cell Phone: *
- Email: *
- Biography (up to 150 words or approximately 1,000 characters): *
- Headshot:

YOUR SESSION



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Track (select up to 2):

O-Prevention

O- Policy

O-Research

O- Clinical

Session length

O- 60 minutes (breakout 1- 1:15pm-2:15pm)

O- 30 minutes (breakout 2- 2:30pm-3:30pm)

Session Title:**Brief Session Description (for Conference program, if selected):**

Please enter a summary of your presentation. If selected, this description will be listed in the printed Conference program. Please proof for accurate spelling and grammar. (Up to 100 words)

Session Proposal (for the review panel and online program. Please proof for accurate spelling and grammar):

1. Please provide 2-3 learning objectives. (Up to 100 words)
2. Please provide a detailed description of the content of your proposed session. (Up to 400 words or approximately 2,800 characters):

ACKNOWLEDGEMENTS

Notification of Acceptance

Please acknowledge that applicants will be notified by email by mid-July 2019 of the decision of the reviewers. Only the Lead Presenter will be notified and will be responsible for notifying co-presenters.

*Please check the box to acknowledge.

Please check each box to indicate you understand and agree that:

* All presenters must register for the Conference. Lead Presenter's registration is complementary (they will be given a unique code to register themselves. Code is nontransferable). All co-presenters must register for the Conference at the standard registration rates.

* Standard equipment provided by the Arizona Health Equity Conference: screen, LCD projector, computer table with projector cord and power sources. No Wi-Fi or Internet connectivity is provided in meeting rooms. Video sound patch is also unavailable. Please plan your presentation accordingly; you



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may wish to bring laptop speakers. Any additional equipment, materials for distribution to the audience, or resources are the responsibility of the presenters.

Please provide your slides in a PDF format to the Arizona Health Equity Conference and allow the committee to make them available on the conference website.