

**THCA 62nd
Annual Convention & Trade Show**

“Innovation: The Key to Quality”

Grand Hyatt San Antonio

November 5 – 8, 2012

San Antonio, Texas

Seminar Proposal Application – Due April 4, 2012

Proposal Submitted By:	
Phone:	
Speaker(s):	
1. Seminar Title:	

Session Description

Describe your session in narrative form, 75 to 100 words. This information will be used to both select sessions and also to describe selected sessions in the Convention Registration Brochure. **Titles and descriptions should be appealing and:**

- Relate the topic to trends, issues, or challenges in long term care;
- Explain the value of the information and identify new/unique applications;
- Identify how this information can be immediately applied to facility operations, resident care outcomes or staff satisfaction.

Learning Objectives

List up to **three** outcomes that session attendees will achieve using **10-15 words each**.

Upon conclusion of this session, the learner will be able to. . .

- 1.
- 2.
- 3.

Seminar attributes: Designate selections for each of the following. Mark all that apply.

Target Audience:	
<input type="checkbox"/>	NH Administrator
<input type="checkbox"/>	Assisted Living Manager
<input type="checkbox"/>	Owner/Operator
<input type="checkbox"/>	Registered Nurse
<input type="checkbox"/>	DON/ADON/Nurse Consultant
<input type="checkbox"/>	Social Worker
<input type="checkbox"/>	Rehabilitation Therapist
<input type="checkbox"/>	Front Office/Business Manager/Billing Staff
<input type="checkbox"/>	Other:

Levels of Sophistication of Learner:	
<input type="checkbox"/>	Introductory
<input type="checkbox"/>	Intermediate
<input type="checkbox"/>	Advanced

Instructional Methods: Please check all that apply and describe	
<input type="checkbox"/>	Experiential
<input type="checkbox"/>	Panel
<input type="checkbox"/>	Lecture
<input type="checkbox"/>	Case Study
<input type="checkbox"/>	Other:

Length – Depending on the nature of the proposals received, the Planning Committee may ask to combine two or more proposed sessions into one lengthier session. This change will be discussed with presenters.

<input type="checkbox"/>	One Hour
<input type="checkbox"/>	Two Hour
<input type="checkbox"/>	Three Hour
<input type="checkbox"/>	Six Hour

Program Track: please choose the three that are most relevant

<input type="checkbox"/>	Nursing Home Care
<input type="checkbox"/>	Assisted Living
<input type="checkbox"/>	Care Practices and Staffing
<input type="checkbox"/>	Leadership/Management
<input type="checkbox"/>	Financing
<input type="checkbox"/>	Construction
<input type="checkbox"/>	Innovation
<input type="checkbox"/>	Promoting Excellence
<input type="checkbox"/>	Census Building
<input type="checkbox"/>	Data Analysis and QM
<input type="checkbox"/>	Policy and Regulation
<input type="checkbox"/>	Risk Management
<input type="checkbox"/>	Survey and Operations

Honorarium and Expenses Information	
<input type="checkbox"/>	Proposed speaker fee:
<input type="checkbox"/>	My travel costs will include: Hotel Meals Airfare Mileage Other:
<input type="checkbox"/>	My company and I are willing to provide this presentation at no cost to THCA.

Speaker Information: The educational design document (Attachment I) is required for all sessions and each speaker must complete and submit a biographical data form (Attachment II) and a potential conflict of interest disclosure form. (Attachment III.)

Please provide information for each speaker. If there will be more than three speakers please copy this page and include all speakers' information.

Speaker One	Speaker Two	Speaker Three
Name & Credentials (As you would like to be listed in the program book)	Name & Credentials (As you would like to be listed in the program book)	Name & Credentials (As you would like to be listed in the program book)
Title	Title	Title
Organization	Organization	Organization
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Email	Email:	Email:
Can we include your email in promotional materials? Yes No	Can we include your email in promotional materials? Yes No	Can we include your email in promotional materials? Yes No
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
THCA Member? Yes No	THCA Member? Yes No	THCA Member? Yes No

Reminder: Include the necessary attachments which include:

Attachment I: Educational Design Document

Attachment II: Biographical Data Form

Attachment III: Conflict of Interest Disclosure

Note: Depending on the nature of the proposals received, the Planning Committee may ask to slightly revise your proposal or combine two or more proposed sessions into a single lengthier session. Any change will be discussed with presenters before finalization of the program.

Submittal Addresses:

Email completed proposal to Swilson@txhca.org or mail them to THCAEF c/o THCA P.O. Box 4554, Austin, Texas 78765. Proposals may be faxed to 512.467.9575.

Overnight shipping should be sent to THCAEF c/o THCA, 4214 Medical Parkway, # 300, Austin, Texas 78756. **Question? Sue Wilson at 512.458.1257**