

THCA 60th Annual Convention & Trade Show
Westin Galleria
November 1 – 4, 2010
Houston, Texas

Seminar Proposal Application – Due March 15, 2010

Proposal Submitted By:	
Phone:	
Speaker(s):	

1. Seminar Title:	
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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;
- Outline the information that will be addressed; and
- Explain the value of the information and identify new/unique applications;

Description:

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

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:	
<input type="checkbox"/>	Lecture
<input type="checkbox"/>	Panel
<input type="checkbox"/>	Case Study
<input type="checkbox"/>	Workshop
<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 best three	
<input type="checkbox"/>	Nursing Home Care
<input type="checkbox"/>	Assisted Living
<input type="checkbox"/>	Business Management
<input type="checkbox"/>	Care Practice
<input type="checkbox"/>	Financial Management
<input type="checkbox"/>	Human Resources
<input type="checkbox"/>	Innovations and Advances
<input type="checkbox"/>	Progressive Leadership
<input type="checkbox"/>	Marketing and Public Relations
<input type="checkbox"/>	Performance Excellence
<input type="checkbox"/>	Policy and Regulation
<input type="checkbox"/>	Risk Management
<input type="checkbox"/>	Survey and Certification

Speaker Information: Each speaker must complete and submit a biographical data form. (**Attachment II.**)

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:
I understand that I am responsible for all of my convention-related expenses – circle one. Yes, I agree No, I'd like to discuss this further	I understand that I am responsible for all of my convention-related expenses, circle one. Yes, I agree No, I'd like to discuss this further	I understand that I am responsible for all of my convention-related expenses, circle one. Yes I agree No, I'd like to discuss this further
THCA Member? Yes No	THCA Member? Yes No	THCA Member? Yes No

Please note that THCA will be making handouts available on our website so that convention registrants are able to download them and bring them to convention.

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. Also, additional paperwork will be needed if your presentation is selected, including: A Disclosure Form, A biographical Data Sheet and an Education Design Document. These documents are needed for continuing education documentation.

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.

Questions: Sue Wilson at 512.458.1257.

Deadline for Consideration: March 15, 2010