

Annual Public Health Conference “20/20 Vision for a Healthier Missouri”

Call for Presentations

September 22-24, 2020

Holiday Inn Executive Center
Columbia, MO

The Missouri Public Health Association, The Missouri Association of Local Public Health Agencies, Missouri Institute for Community Health, Missouri Department of Health and Senior Services and Missouri Center for Public Health Excellence invite you to submit a proposal to present at the annual Public Health Conference. The conference will have approximately 300 in attendance with exhibitors and sponsors and will be held September 22-24, 2020 at Holiday Inn Executive Center in Columbia, MO.

Criteria

The PH Conference planning committee will review all proposals. Topics must:

- Address conference theme, target audience, and challenge attendees to think creatively
- Have potential for relevance across the state
- Be clear, focused, well organized, and interactive
- Feature experienced speaker(s) with significant expertise
- Priority will be given to innovative ideas

You will be notified by May 15, 2020 of your session's acceptance.

Sample Topics

- | | | | |
|---------------------------|----------------------------|--------------------------|----------------------|
| * Communication | * Social Media/Photo Voice | * Workforce Development | * Health Equity |
| * TFPH Model | * Environmental Health | * Preparedness | * Medicaid Expansion |
| * Rural Health/Telehealth | * Policy Development | * Conflict Resolution/HR | * Change Management |
| * Social Change | * Communicable Disease | * Quality Improvement | * Branding |

Speaker Obligations & Agreements

- The Public Health Conference Committee will provide each speaker with an LCD projector, laptop, screen, and podium with microphone. Speakers are responsible for bringing their presentations on flash drives. Speakers will provide any additional AV needs (e.g. CD players, speakers, etc.)
- Each presenter will receive one-day at no cost (education only) registration on the day of their scheduled presentation.
- Speaker must agree to pay member or non-member registration rates if participating in any meals other than breakout sessions and/or the exhibit hall on the day of their presentation.

****Please submit your need for expense reimbursement and/or an honorarium and the approximate amount requested. This information will be taken into consideration during the presentation selection process.**

Presentation Application

(please type or print)

Presenter: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____

Email: _____

Co-Presenter(s): _____

Organization: _____

Phone: _____ Cell: _____

Email: _____

Presentation Title: _____

REMEMBER TO ATTACH:

- ◆ Biography sketch (50 words or less)
- ◆ Three measureable presentation objectives
- ◆ One paragraph narrative description for use in the program
- ◆ Target audience for presentation
- ◆ Other information relevant to purpose and content of program

****Please submit your need for expense reimbursement and/or an honorarium and the approximate amount requested. This information will be taken into consideration during the presentation selection process.**

I understand there will be a registration fee if I participate in any meals and/or attend breakout sessions on any day other than the one on which I will be a presenter. I understand that promoting a company, service or product during my presentation is prohibited. I will inform my co-presenter(s) of these policies.

Presenter's Signature _____ Date _____

**Electronic submissions are preferred. Please email all information to sboeckman@mopha.org.
MUST BE RECEIVED BY April 15, 2020 to be considered.**

For other information contact MPHA or MoALPHA directly.

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