



CALL FOR PRESENTERS!

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Link'd

MISSOURI RURAL HEALTH CONFERENCE

2019

AUGUST 20-22, 2019

**THE LODGE AT OLD KINDERHOOK
CAMDENTON, MO**

SUBMISSIONS:

OPEN

JANUARY, 2019

DEADLINE

MARCH 30, 2019

CONTACTS

Mary Gordon mary@cabllc.com

Pam Buschjost pam@cabllc.com

PHONE

(573) 616-2740

FOR MORE DETAILS, VISIT WWW.MORHA.ORG

MRHA

Missouri Rural
Health Association



ANSWER THE CALL FOR PRESENTERS

MRHA

Missouri Rural
Health Association



INVITES YOU

TO SUBMIT YOUR APPLICATION TO PRESENT AT THE
2019 MISSOURI RURAL HEALTH CONFERENCE

Why should you present at the 2019 Missouri Rural Health Conference?

- To share your successful programs addressing health disparities.
- To share best practices & innovative pilots addressing access to health care.
- Be acknowledged as the “go to person” in your field.
- To increase network connections.
- To share expertise & knowledge.
- To bring awareness of the challenges facing rural healthcare and/or transportation.
- To increase productivity, skills, and strategies.
- **TO IMPROVE THE LIVES OF RURAL MISSOURIANS**

Join us to bring the best quality and most up to date information, innovative best practices, technology, and information to those on the front line, administrators, managers and leaders making decisions that affect the health outcomes of Missourians.

Share how your program/organization is changing health outcomes and how health outcomes are driving change.

STEPS TO APPLY

1. Complete downloadable form and required information.
2. Return by Email to: info@morha.org or
Mail to: Missouri Rural Health Association
c/o Community Asset Builders, LLC
2412 Hyde Park Road, Suite B
Jefferson City, MO 65109
3. Deadline for submission: March 30, 2019

Visit our website, www.morha.org for downloadable forms and conference information as it becomes available.

ANSWER THE CALL FOR PRESENTERS

2019 MISSOURI RURAL HEALTH CONFERENCE

CRITERIA

The Conference Committee will review all proposals.

Selection will be based on:

- Address conference 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 new and innovative ideas

You will be notified by April 25, 2019 of your session's acceptance.

We encourage audiovisuals and interaction during the 60-75 minute workshops. The Missouri Rural Health Conference focuses on collaborating to achieve improved health outcomes for rural Missourians. The event will bring together stakeholders from many sectors who work with disadvantaged populations throughout Missouri, from policy makers to front line staff.

PLEASE CHECK IF:

- You have a 2-3 hour session, training or earned credit course that would benefit a large audience. (It will be considered for a pre-conference learning intensive.)

AUDIENCE EXPECTED

Hospitals, clinicians, providers, FQHC's, health departments, community front line workers, community & social service agencies, policy makers, CEO's & CFO's, transportation & ambulance professionals, health law, and other professionals.

PRESENTER OBLIGATIONS & AGREEMENTS - INITIAL

- Presenter must agree to finance their own conference expenses. This includes travel, handouts (if printed; MRHA will make them available electronically), meals, lodging, etc.
- Presenters must agree to pay regular registration rates if attending conference.
- The coordinating presenter must agree to communicate with all co-presenters and deliver all relevant information to the Conference Planner.
- Presenters attending their workshop only (no conference sessions or meals) No charge.
- We will provide an LCD projector, screen, computer and microphone in each meeting room. Presenters are responsible for bringing their presentation on a flash drive or providing them in advance electronically. Presenters are responsible for any additional AV needs (e.g. CD players, TV's, etc.)

JOIN THE DISCUSSION - SUPPORT THE MISSION.

PRESENTER APPLICATION

2019 MISSOURI RURAL HEALTH CONFERENCE

Presenter: _____

Organization: _____

Address: _____

Phone: _____

Email: _____

Co-Presenter(s): _____

Organization: _____

Address: _____

Phone: _____

Email: _____

Presentation Title: _____

REMEMBER TO ATTACH:

- One paragraph narrative description for use in the program
- Three to five measurable presentation objectives
- Target audience for presentation
- Outline of your session topic(s) and material you will be covering in session.
- Presenter(s) Biography (50 words or less)
- Other information you feel relevant to content of program

I understand, as a presenter, that I am responsible for all travel related conference expenses, meals, hotel fees, or any costs related to my presentation at the conference. I understand there will be a registration fee. 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 _____

E-MAIL TO: info@morha.org

MAIL TO: MISSOURI RURAL HEALTH ASSOCIATION
c/o Community Asset Builders, LLC
2412 Hyde Park Road, Suite B
Jefferson City, MO 65109

**PRESENTATION APPLICATIONS
MUST BE RECEIVED BY MARCH 30,
2019 TO BE CONSIDERED.**

