



2023 Preparedness Coalition Symposium

October 25th-27th, 2023

Presentation Submission Guidelines and Materials



SouthEast Texas Regional Advisory Council is approved as a provider of nursing continuing professional development by Louisiana State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. LSNA Provider No. 4003211

Speaker Guidance

Thank you for your interest in presenting at the 2023 Preparedness Coalition Symposium! Please review the following information if you plan to submit a proposal.

General Information

SETRAC and the Regional Healthcare Preparedness Coalition (RHPC) is accepting presentation proposals for their 14th Annual Preparedness Coalition Symposium. We welcome submissions on presentations from a wide variety of emergency management-related topics. Also, speakers with diverse backgrounds and experience levels are invited to submit proposals. Multiple submissions are welcome.

Proposal Submissions

Complete the following Speaker packet. Submit the entire packet for symposium committee review to Lisa Spivey, RHPC Symposium Committee, via email at speakers@setrac.org. The deadline to submit a proposal is August 21, 2023. Those who have submitted proposals will be notified of their acceptance status no later than September 8, 2023. **Additional guidance on registration and presentation details will be provided to the chosen speaker(s) at the time of confirmation.**

Presentation Session Details

Breakout Sessions are 50 minutes in length. Room setup for each session will be classroom style. Standard audiovisual (AV) equipment will be provided in each room including a laptop, projector, presentation remote, screen, and microphone. Please provide any additional AV needs on the AV Requirements Form.

Speaker Registration

The Preparedness Coalition Symposium registration fee will be waived for the selected speaker. If your packet is submitted by a panel, the first two presenters' registration fees are waived, **additional speakers will be charged a discounted registration fee of \$150.00 and are responsible for their hotel and travel expenses.** If on a panel, ALL SPEAKERS must complete the speaker packet. If selected as a speaker, we will register you as a speaker. *All speakers are responsible for their hotel and travel expenses.*

Non-Commercial Nature of Sessions

The Southeast Texas Regional Advisory Council is committed to presenting CE activities that promote improvements or quality in health care and are independent of the control of commercial interest. Speakers will refrain from the use of brand names or specific product endorsements. Presentations are not to be used as a means of promoting any product or service.

Additional Information

Please direct any speaker-related or submission questions to Lisa Spivey, RHPC Symposium Committee, via email at lisa.spivey@setrac.org or phone 281-822-4446.



2023 SPEAKER PACKET

SESSION TITLE:	
SESSION DESCRIPTION:	
LEARNING OBJECTIVES:	1.
	2.
	3.

LEAD PRESENTER INFORMATION:	First, Last Name:	
	Organization:	
	Title:	
	Email:	
	Phone:	
LEAD PRESENTER BIO: (If more space is needed, please include your full bio as an attachment.)		

Co-Presenters:

	Name	Email	Phone
Complimentary Registration:	1.		
**Registration Fee Applies:	2.		
**Registration Fee Applies:	3.		

*****Registration fee is \$150.00 per additional speaker; the additional speaker will be responsible for their hotel and travel.***

AV Requirements

Breakout session rooms will contain **one** of each of the following items for use during presentations.

- Laptop
- Projector
- Screen
- Presentation Remote
- Microphone

If additional or special items are needed for your session, include your audiovisual requirements in the form below. Please be as specific as possible so that the Symposium staff may be better able to meet your request. Keep in mind that if you have multiple presenters in your session, you should consider requesting additional equipment.

I request that additional AV equipment be provided for my session at the 2023 Preparedness Coalition Symposium.	
Name:	
Title of Presentation:	
Additional Equipment Needed:	
For Symposium Staff Only	
Session Date/Time:	
Session Location:	



Approved Education Disclosure Form

This document must be completed electronically.

<i>To be completed by Nurse Planner or Designee</i>	<i>Individual's prospective role(s) in NCPD activity: Identify the prospective role(s) that this person may have in the planning and delivery of this education (choose all that apply)</i>
Name of Individual: _____	Nurse Planner Content Expert Teacher, Instructor, Faculty Author, Writer Reviewer
Title of NCPD Activity: _____	
Date and location of Education: _____	

To be Completed by Planner, Faculty, or Others Who May Control Educational Content

Please disclose **all financial relationships** that you have had in the past 24 months with **ineligible companies** (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose **all** financial relationships regardless of the potential relevance of each relationship to the education.

Enter the Name of Ineligible Company	Enter the Nature of Financial Relationship	Has the Relationship Ended?
An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit accme.org/standards .	Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	If the financial relationship existed during the last 24 months , but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
Example: ABC Company	Consultant	<input checked="" type="checkbox"/>

In the past 24 months, I have **not** had **any** financial relationships with any ineligible companies.

I attest that the above information is correct as of this date of submission.

Date