

15th Ammual

2024 Preparedness Coalition Symposium October 16th-18th, 2024

Presentation Submission Guidelines and Materials

Galveston Island Convention Center at the San Luis Resort



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 2024 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 15th 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 19, 2024. Those who have submitted proposals will be notified of their acceptance status no later than September 9, 2024. 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 registration fee for the Preparedness Coalition Symposium will be complimentary for the appointed speaker. Should the application be submitted on behalf of a panel, the registration fee for the second presenter will also be exempted. Please note that a maximum of two speakers will be permitted to present. It is mandatory for each speaker on a panel to complete the requisite speaker packet. Upon selection, we will facilitate your registration as a speaker. It is important to note that all speakers will bear the responsibility for their own accommodation and travel costs.

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.



2024 SPEAKER PACKET

SESSION TITLE:	
SESSION	
DESCRIPTION:	
LEARNING	1.
OBJECTIVES:	2.
	3.
LEAD PRESENTER	R First, Last Name:
INFORMATION:	Organization:
	Title:
	Email:
	Phone:
LEAD PRESENTER	R
BIO:	

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Co-	Presente	r
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SECOND	First, Last Name:	
PRESENTER	Organization:	
INFORMATION:	Title:	
	Email:	
	Phone:	
LEAD PRESENTER		
BIO:		

^{**}Registration for seconded speaker is complimentary.

AV Requirements Breakout session rooms will contain **one** of each of the following items for use during

presentations.

☐ Laptop	
☐ Projecto	or
□ Screen	
□ Present	ration Remote
□ Microp	hone
in the form belable to meet yo should conside	special items are needed for your session, include your audiovisual requirement low. Please be as specific as possible so that the Symposium staff may be bette our request. Keep in mind that if you have multiple presenters in your session, your requesting additional equipment.
	itional AV equipment be provided for my session at the 2024 Preparedness
Coalition Sympos	sium.
Name:	
Title of Presentat	
Additional Equip	oment Needed:
	For Symposium Staff Only
Session Date/Tim	ne:
Session Location:	





Approved Education Disclosure Form

This document must be completed electronically.

Name of Individual:	the pla	the prospective role(s) that this person may have in the planning and delivery of this education (choose all that apply)						
Title of NCPD Activity:		☐ Nurse Planner						
		☐ Content Expert						
Date and location of Education:		☐ Teacher, Instructor, Faculty						
		☐ Author, Writer						
		☐ Reviewer						
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 Finance	cial Relationshi	ip	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 beneficiary, executive role, and ownership interest. Ind stocks and stock options should be disclosed; diversifie mutual funds do not need to be disclosed. Research fur from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages th 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		\boxtimes					
☐ In the past 24 months, I have not had any financial relationships with any ineligible companies.								
I attest that the above information is co	Date							
i attost triat trie above irriorination is the	Date							