



SPEAKER ABSTRACT REQUEST FORM

Presentation Request

The enclosed abstract is being submitted for evaluation to speak at:

<input type="checkbox"/> Annual Institute	<input type="checkbox"/> Quarterly Sessions
<input type="checkbox"/> Other Educational Sessions	

Please let us know whether you want your abstract to only be considered for the Annual Institute or whether we can utilize you as a speaker for other educational conferences held throughout the year, should you not be selected for the Annual Institute.

<input type="checkbox"/> Institute Only	<input type="checkbox"/> Available for other sessions
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Primary Speaker Information

First Name:

Last Name:

Suffix (e.g., CFP, MBA):

Title:

Company Name:

Address:

City, State, and Zip Code:

Country:

Phone Number:

Fax Number:

E-mail Address:

Assistant / Alternate Contact:

Company Name:

Address:

City, State, and Zip Code:

Fax Number:

E-mail Address:

Organization Type

<input type="checkbox"/> Consulting Firm	<input type="checkbox"/> Disease Management Company
<input type="checkbox"/> Healthcare Provider	<input type="checkbox"/> Managed Care Organization (e.g., HMO, PPO, URO)
<input type="checkbox"/> PBM / Pharma	<input type="checkbox"/> Government/Public Health Agency
<input type="checkbox"/> Other: _____	



Please provide information for your fellow presenter(s), if applicable. All formal speaker correspondence will occur with the designated 'Primary Speaker'. Notifications of acceptance will be sent to the above address only

Co-Presenters

Co-Presenter #1

First Name:

Last Name:

Suffix (e.g., CFP, MBA):

Title:

Company Name:

Address:

City, State, and Zip Code:

Country:

Phone Number:

Fax Number:

E-mail Address:

Organization Type

- | | |
|--|--|
| <input type="checkbox"/> Consulting Firm | <input type="checkbox"/> Disease Management Company |
| <input type="checkbox"/> Healthcare Provider | <input type="checkbox"/> Managed Care Organization (e.g., HMO, PPO, URO) |
| <input type="checkbox"/> PBM / Pharma | <input type="checkbox"/> Government/Public Health Agency |
| <input type="checkbox"/> Other: _____ | |



Co-Presenters

Co-Presenter #2

First Name:
Last Name:
Suffix (e.g., CFP, MBA):
Title:
Company Name:
Address:
City, State, and Zip Code:
Country:
Phone Number:
Fax Number:
E-mail Address:

Organization Type

- | | |
|--|--|
| <input type="checkbox"/> Consulting Firm | <input type="checkbox"/> Disease Management Company |
| <input type="checkbox"/> Healthcare Provider | <input type="checkbox"/> Managed Care Organization (e.g., HMO, PPO, URO) |
| <input type="checkbox"/> PBM / Pharma | <input type="checkbox"/> Government/Public Health Agency |
| <input type="checkbox"/> Other: _____ | |

Speaker Bios

Please provide a Bio for each presenter not to exceed 100 words each. These will be used in promotional materials.



Presentation Category

Please briefly select the topical area of your presentation:

- | | |
|---|---|
| <input type="checkbox"/> Managed Care | <input type="checkbox"/> General Finance |
| <input type="checkbox"/> Tax | <input type="checkbox"/> Audit/Compliance |
| <input type="checkbox"/> Patient Financial Services | <input type="checkbox"/> Patient Access |
| <input type="checkbox"/> Reimbursement | <input type="checkbox"/> Other: _____ |

Presentation Title

Provide a descriptive title for your presentation.

Target Audience

Please describe the audience your presentation will target:



Audience Technical Level

Select the knowledge level of the attendee that your presentation is geared toward. List any prerequisites that you feel would be of assistance to the attendee.

- Basic:** Attendee has only a limited knowledge of topic.
- Intermediate:** Attendee possesses a working knowledge of topic.
- Advanced:** Attendee will comprehend new methods, innovative insights and concepts that are not mainstream.

Content Type

Select the content type for your presentation.

- Core:** Presentation will provide content related to the core functions of the audience's positions within their organization.
- Strategic:** Presentation will provide content that will aid in departmental or organizational strategic planning initiatives.
- Operational:** Presentation will provide content that will aid in departmental or organizational operations beyond the core competencies required by specific positions.
- Other:** _____



Summary of Topic

Please provide a brief synopsis of your presentation. This will be used in promotional materials and will help to define your audience. The content should be clear and concise. (Summaries should not exceed 200 words.)

Presentation Learning Objectives

Please provide 3-6 learning objectives (using 50 characters or less for each learning objective) explaining what attendees will learn from your session.

- Objective #1:

- Objective #2:

- Objective #3:

- Objective #4:

- Objective #5:

Tools and Tips



Please describe what the audience will take away after having heard your presentation. (This should be no more than 200 words)

Presentation History

Has this presentation been offered at other conferences? If YES, please detail the date, location and for which one(s).

THANK YOU FOR YOUR ABSTRACT! Please note:

Submission of an abstract does not automatically indicate acceptance. Abstracts will be evaluated for use at the Annual Institute and other educational sessions during the course of the year.

For questions, please contact:
John Brault – (908) 203-6211