

2020 Consumer Voice Conference Session  
Call for Proposals



Instructions

**Thank you for your interest in presenting during the 2020 Consumer Voice Conference. Prior to completing your submission, please review the 2020 Call for Proposals and/or print a PDF version of the proposal questions to review since you will not be able to save your activity and return at a later date.**

**The deadline for proposals is March 20, 2020. We will not consider late or incomplete submissions. You may submit more than one proposal. If you have questions, please contact [info@theconsumervoice.org](mailto:info@theconsumervoice.org).**

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Session Title and Format

\* 1. Session Title

\* 2. Intended Audience (check one)

- Persons new to the field of aging and long-term care.       Persons with substantial experience in the session topic.
- Persons with substantial experience in the field of aging but new to the session topic.       All of the above

\* 3. Session Format - Check all that apply.

- Lecture with discussion       Case studies
- Panel       Point/Counter Point (debate)
- Facilitated discussion       Other

If "Other" please describe:



## Presenter(s) Information

**Please complete contact information for each presenter.**

**\* 4. Lead Presenter**

**Name**

**Title**

**Organization/Agency**

**Address**

**City**

**State**

**ZIP/Postal Code**

**Degree**

**Email Address**

**Phone Number**

**\* 5. Professional Work Experience in Aging (lead presenter)**

0-2 years

6-10 years

3-5 years

11 or more years

**\* 6. Provide a one-paragraph bio for the lead presenter. Bios are included in the conference app and on-line.**

\* 7. Co-Presenter

NOTE: If you do not have multiple presenters enter "N/A" in order to proceed with the submission.

<b>Name</b>	<input type="text"/>
<b>Title</b>	<input type="text"/>
<b>Organization/Agency</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>State</b>	<input type="text" value="-- select state --"/>
<b>ZIP/Postal Code</b>	<input type="text"/>
<b>Degree</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

\* 8. Professional Work Experience in Aging (co-presenter)

- |                                  |                                                         |
|----------------------------------|---------------------------------------------------------|
| <input type="radio"/> 0-2 years  | <input type="radio"/> 11 or more years                  |
| <input type="radio"/> 3-5 years  | <input type="radio"/> No co-presenter so not applicable |
| <input type="radio"/> 6-10 years |                                                         |

\* 9. Provide a one-paragraph bio for the co-presenter. Bios are included in the conference app and on-line. Enter "N/A" if there is not a co-presenter.

\* 10. Co-Presenter

NOTE: If you do not have multiple presenters enter "N/A" in order to proceed with the submission.

<b>Name</b>	<input type="text"/>
<b>Title</b>	<input type="text"/>
<b>Organization/Agency</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>State</b>	<input type="text" value="-- select state --"/>
<b>ZIP/Postal Code</b>	<input type="text"/>
<b>Degree</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

\* 11. Professional Work Experience in Aging (co-presenter)

- |                                  |                                                         |
|----------------------------------|---------------------------------------------------------|
| <input type="radio"/> 0-2 years  | <input type="radio"/> 11 or more years                  |
| <input type="radio"/> 3-5 years  | <input type="radio"/> No co-presenter so not applicable |
| <input type="radio"/> 6-10 years |                                                         |

\* 12. Provide a one-paragraph bio for the co-presenter. Bios are included in the conference app and on-line. Enter "N/A" if there is not a co-presenter.



## Session Details

### \* 13. Session Description

This description will be included in the conference program. Please identify the topics the session will cover and the type of advocate that will receive the most benefit from attending. Keep in mind attendees will have several workshop options to select from for each time period, and the manner in which you describe your workshop will draw attendees to your session. Creativity and humor are encouraged. Please limit your paragraph to 75 words or less.

### \* 14. Session Objectives

Identify at least two objectives for your session (e.g., knowledge or skills attendees will gain from your session).

Objective 1:

Objective 2:

Objective 3:

\* 15. Select Topic Area(s)

Select the primary topics (up to 3) covered by your session.

	1	2	3
Abuse, Neglect, and/or Exploitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Admissions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advance Care Planning/Supported Decision Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Best Practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementia Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
End of Life/Hospice Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enforcement/Regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guardianship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-Term Care Ombudsman Program Advocacy/Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid Managed Long-Term Services and Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person-Centered Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident and/or Family Engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents' Rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staffing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Systems Advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfers/Discharges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underserved Populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 16. The issues in your session are applicable in (check all that apply):

- Assisted Living
  Nursing Homes  
 Home and Community Based Services (HCBS)

\* 17. Briefly describe how your session will include innovative and concrete strategies for long-term care advocacy.

\* 18. How will attendees be able to utilize information from your session to advocate for quality long-term care?

\* 19. There will be opportunities for the following during your session (check all that apply):

Discussion

Sharing of advocacy successes and challenges related to the topic

Questions

\* 20. Briefly describe the "take-aways" your session will provide.

21. Is there any additional information you would like to provide?



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Presenter Requirements

\* 22. Review the Presenter Requirements in the Call for Presentations and check the box below if you understand and agree to the requirements.

Registration reminder: Presenters must register and pay applicable conference registration fees. One-day and full conference rates will be available. Sessions will be withdrawn and replaced if presenters have not registered and paid by July 17, 2020.

I understand and agree to the presenter requirements.

**Thank you for submitting your proposal for the 2020 Consumer Voice Conference. Presenters will be informed of our decision by April 27, 2020. Please contact [info@theconsumervoice.org](mailto:info@theconsumervoice.org) with questions.**