



Dear Interested Speaker:

Thank you for your interest in speaking at a National Association of Rehabilitation Providers & Agencies conference. Our conferences are held twice a year - in Washington DC in May and a Fall Conference in October (locations may change each year). The attendees of our conferences are the owners, administrators, and managers of rehabilitation agencies and practices. Most attendees will have a clinical background in Physical, Occupational and/or Speech Therapy. There is a fairly even split between male and female attendees. They represent professionals in the industry who provide services in many different rehabilitation settings including outpatient, hospital inpatient, skilled nursing facilities, home health agencies, schools, long term care, etc. These patients are primarily Medicare Part A and B beneficiaries but include other payer sources.

Our attendees also include vendors of rehabilitation products and services. They offer equipment, computer applications and consulting services. All the attendees are advanced, highly-motivated and educated audience with many years of experience in the health care field. The number of attendees for our May conference is typically 60 – 70 and our Fall Conference is 80 – 100.

Our attendees prefer presentations that are engaging and interactive. Below are some recommendations we have regarding your presentation in order to make it successful:

- Allow time for question and answer
- Provide “takeaways” attendees will be able to immediately use in their business
- Address all disciplines of rehab
- Address all settings when possible and applicable
- Provide the most current and up to date information

We provide continuing education credits for our conferences; thus, information in the proposed presentations submission is very important. You are required to provide: a summary of the session, at least 3 learning objectives, suggested length, instructional level, and speaker bio. When a proposal is selected the speaker will be required to complete a disclosure and submit a headshot.

We look forward to receiving your presentation proposal. If you have any questions please contact Christie Sheets at [Christie.sheets@naranet.org](mailto:Christie.sheets@naranet.org).

Sincerely,

NARA Conference/Education Committee



## Course/Presentation Proposal for NARA 2016 Conferences/Webinars

**Attendees:** Spring/Fall Conference: 70 - 110 individuals; Webinars: 20 – 40 individuals

**Description:** Rehab Professionals who are owners, administrators, and managers of rehabilitation in multiple settings including: Medicare Part B, Medicare Part A, and private practice providers contracting with long term care facilities. Most attendees will have a clinical background in allied health (PT, OT, or SLP) and many will also have a background in administration. Some attendees will be the President, Vice President, Chief Operating Officer or Chief Executive Officer of their respective companies. This is an advanced, highly-motivated and educated audience with many years of experience in the health care field.

**Educational Sessions:**  Spring: Washington DC May 4-6  Fall: Las Vegas October 26-28  
 Webinar: Preferred Month:

### Speaker Information

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Primary Ph:** \_\_\_\_\_ **Second Ph:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Professional Background/Affiliations:** \_\_\_\_\_

**Number of previous speaking engagements:** \_\_\_\_\_

**Number of years experience in field:** \_\_\_\_\_

**Number of years experience in field:** \_\_\_\_\_

**Number of years experience in field:** \_\_\_\_\_

**Number of years experience in field:** \_\_\_\_\_

**\*\* Please provide brief bio and headshot with this submission.**

**Can you provide a distributable copy of your presentation at least 5 weeks before the date of the conference?**  Yes  No

**NARA compensates speakers based on the length of their presentation. Please tell us what your expectations are and we will try to accommodate them.**

- Honorarium \$  Airfare
- Hotel Room # of nights (this will be based on the timing of your presentation)
- Transportation  Meals
- Conference registration

## Course/Presentation Details

*Please keep in mind NARA provides CEU for our courses when possible. Session should be applicable to all therapy disciplines.*

**Course Title:**

**Course Summary:**

**Expected Length:** \_\_\_\_\_

**Instructional Level:**

- Introductory: For those with little or no knowledge of the area covered
- Intermediate: For those with general familiarity of the area covered
- Advanced: For those with thorough familiarity of the area covered
- Various: For a mixture mainly used for larger conferences.

**Key Learning Objectives**  
**– Please provide at least**  
**3 objectives:**

Development Reminders:

- What skills, knowledge and/or attitudes will a participant demonstrate as a result of this course?
- Use action words that are measurable and are observable.
- Avoid words such as “learn”, “understand”, “be aware of”, “become familiar with” as these are vague and difficult to measure.

## Course/Presentation Details - Continued

### Course Detailed Description:

#### Development Reminders:

- View your description through the eyes of a state licensure board for readability and content; assume they are not familiar with the organization or with any products/techniques mentioned;
- Description should show connection to the science of the therapy industry;
- Write in the past tense, this how description will appear on transcripts;
- Spell out acronyms the first time they are used;
- Use person-first language;
- Maximum 300-character includes spaces and punctuation

### AV Requirements:

- |                          |                                    |                          |                   |
|--------------------------|------------------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | PowerPoint Capabilities – Provided | <input type="checkbox"/> | Audio Patch       |
| <input type="checkbox"/> | Wireless Microphone – Provided     | <input type="checkbox"/> | Flip Chart        |
| <input type="checkbox"/> | Laptop – Provided                  | <input type="checkbox"/> | Podium - Provided |
| <input type="checkbox"/> |                                    |                          |                   |
| <input type="checkbox"/> |                                    |                          |                   |
| <input type="checkbox"/> |                                    |                          |                   |

**Email completed proposals with brief bio to NARA Central at [nara.admin@naranet.org](mailto:nara.admin@naranet.org) or submit via fax at (800) 716-1847**