**Applications due to** [**OR.Epi@dhsoha.state.or.us**](mailto:OR.Epi@dhsoha.state.or.us) **by December 5, 2017**

To compose a balanced agenda, all submissions will be reviewed according to the following criteria:

* Relevance to OR Epi attendees
* Clearly defined learning objectives
* Description of presentation
* Level of interactivity with the audience

# **PRESENTATION INFORMATION**

Title:

Length (including Q&A):  30 minutes  45 minutes

Which conference track best fits the presentation topic? (Check all that apply.)

Communicable disease (e.g., non-foodborne diseases, vaccine preventable)

HIV/STD/TB (e.g. human immunodeficiency virus, sexually transmitted diseases, tuberculosis)

One Health (e.g., environmental health, foodborne, waterborne, vector borne,

and zoonotic diseases; HAI)

Outbreaks and system-wide surge response (e.g., communicable diseases and emerging public health events such as wildfire)

What are the learning objectives? “Following the presentation, participants will…”



Description of Presentation (300 words or less):

1. Intro/Purpose:

1. Methodology

1. Conclusion

How will the presenter(s) engage the audience?

What method(s) of teaching will be used? (Check all that apply)

|  |  |
| --- | --- |
| Workshop with individual exercises  Lecture with slides  Speaker panel  Other: | Workshop with group exercises  Lecture with slides and group discussion  Group discussion |

Who is the intended audience? (Check all that apply)

Healthcare/Hospital

Tribes

Public Health

Environmental Health

Behavioral Health

Emergency Management

Trauma Informed Care

Environmental Health

Health Officers

Other:

# **EQUIPMENT INFORMATION**

Each room will be supplied with the following equipment:

* Podium
* Laptop (Lenovo Thinkpad T430 or T440 with Windows 10)
* LCD projector and screen
* Laser pointer / slide advancer
* Wireless lavaliere microphone and speakers
* Flip chart and markers
* Wireless internet connection

Not supported:

* Webinars
* Apple devices
* Live streaming content

Slides will not be posted or distributed after the conference.

If you would like to make a special A/V request, specify below:

# **SPEAKER INFORMATION**

Name (Primary Presenter):

Agency/Organization:

Email Address:

Phone:

\***Biography:** If selected, how would you like to be introduced? (100 words)

Will there be additional presenters? Yes       No

If yes, please list:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Agency/Organization | Email | Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Send your completed form and the following documents to:** [OR.Epi@dhsoha.state.or.us](mailto:OR.Epi@dhsoha.state.or.us)

**Include:**

* Call for Presentations form
* Resume or CV
* Disclosure form   
  *The Disclosure form is required to provide Continuing Education Credits to OR Epi attendees.*

Thank You,

The OR Epi 2018 Planning Team