



Call for Presentation Application

1. Contact/Personal Information:

a. **Name and Title of Presenter(s):**

Organization:

Address:

Phone:

Email:

b. **Brief Biography:**

2. Presentation Information:

a. **Presentation Title:**

Length of presentation:

b. **Objectives:**

c. **Brief Content Outline:**

d. Do you have a power point presentation?

e. Will you have handout materials?

3. Presentation History:

a. Typical audience:

b. Previous home health related presentations:

4. Please check the conferences you are interested in presenting at:

a. **Gulf Coast Home Care Conference**

Three State Conference – Louisiana, Mississippi, Alabama

July/August

b. **HCLA Annual Home Care Conference**

November

5. HCLA also offers monthly workshops featuring an “all day” presentation. Please check if you are interested in presenting at a workshop during the year.

Workshop(s) _____

Preferred Month(s): _____