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):

*Please submit this application to Warren Hebert, Warren@hclanet.org or fax to 337-231-0089.