

Primary Presenter/ Contact Person: _____

Credentials: _____ Position/Title: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____ Phone: _____ Fax: _____

Federal Employee? Yes No

Secondary Presenter: _____

Credentials: _____ Position/Title: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____ Phone: _____ Fax: _____

Federal Employee? Yes No

WORKSHOP TITLE & DESCRIPTION (Please limit to 250 words):

Attach a typed description of the proposed session. Title and description will be published in program and may experience editing for promotion and/or length allowable for printing.

TARGET AUDIENCE:

- Outreach Clinical Administrative
 Lay Health Research General Audience

REQUESTED PRESENTATION TIME:

- 45 Minutes 90 Minutes
 3 Hour 4 Hour Flexible

TEACHING METHOD: *Please mark all that apply*

- Lecture Group Discussion Simulations
 Handouts Games

LANGUAGE:

- English Spanish

AUDIO/VISUAL TOOLS: *Please limit to two*

- Slide Projector Flip Chart/Markers Overhead Projector
 LCD Projector / *Laptop computers not provided* Other: _____

LEARNING OBJECTIVES: * Include at least 3 objectives.

Please express objectives in *behavioral terms*. For example, a session titled "Migrant Men's Perceptions on Family Planning" might have the following objectives— "At the end of this session, participants will be able to: a) **identify** factors which influence family planning choices in migrant men; b) **design** family planning outreach efforts to migrant males; and c) effectively **utilize** available media outlets."

At the end of this session, participants will be able to:

1. _____
2. _____
3. _____
4. _____

*Required for Continuing Education Units.

CALL FOR PRESENTATION ABSTRACTS

14TH ANNUAL MIDWEST FARMWORKER STREAM FORUM

The National Center for Farmworker Health, Inc. invites you to submit your ideas for presentation at the 14th Annual Midwest Farmworker Stream Forum to be held at the Adam's Mark Hotel in Denver, Colorado, November 18-20, 2004. Applications and supplemental speaker's vitae are due by **June 11, 2004**.

SUGGESTED CATEGORIES FOR PRESENTATION INCLUDE:

Health Center Development and Management
Occupational Safety and Health
Birth Defects and Developmental Disabilities
Board Governance
Migrant Health Research

Chronic Disease Prevention
Women's Health
Immunization
Cultural Competency
Traditional Medicine

Environmental Health
Infectious Diseases
Immigration
Leadership Development
Outreach

GENERAL INFORMATION

Session Length: Workshops will be structured in 90 minute intervals. Speakers may be asked to present within a shorter time frame as part of a workshop where other presenters are speaking on a similar topic.

Speaker Responsibilities: If more than one person is presenting, identify who will be considered the Primary Presenter and list them as such on the application form. The Primary Presenter will receive all the correspondence and will be responsible for sharing all information with their co-presenters. **It is recommended for timing purposes to limit the number of co-presenters to one.**

Complete the Abstract Proposal Form (application) which includes a session description, title, and 3 – 4 learning objectives. If a description is longer than 250 words, edits will be made to comply with Program requirements. Submit the proposal (preferably electronically) along with a curriculum vitae and short biographical sketch of each presenter.

Upon abstract acceptance, please forward the following forms immediately: Registration Form, Faculty Disclosure Form, and Speaker Confirmation Form.

Primary Presenters will receive a waived Registration Fee, and additional presenters will be offered a reduced Registration Fee (\$65) until October 1st. A full registration fee (\$155) will apply after this date. Travel arrangements including hotel and air are to be arranged by Presenters. Presenters will be provided with more information upon abstract acceptance notification.

Following the conference, **Primary Presenters** will be mailed a stipend with a maximum amount of \$500 to assist with travel expenses (excludes federal employees and local presenters). Said stipend can be shared between one or more presenters at their discretion. To receive a stipend, presenters must be paid registrants and check-in with the Registration Desk during the conference, travel receipts may be requested.

Speakers are to identify audiovisual requirements on the application and are limited to two items. Laptops are not provided. Speakers may prepare a minimum of 50 handouts for their presentation or provide 1 copy to the Conference Manager, Lisa Hughes, **by October 15, 2004** and NCFH will provide the copies.

Proposal Selection: Proposals will be judged by review committees upon each of the following criteria: **1.**Quality; **2.**Subject interest; **3.**Subject relevance; **4.**Presenter's level of expertise in subject matter. Presenters will be notified by September 1, 2004 of their acceptance status.

Mail, Fax or Email complete abstract proposals by June 11, 2004 to:

Lisa E. Hughes
Marketing and Conference Manager
NCFH
1770 FM 967
Buda, TX. 78610
Phone: 512-312-2700
Fax: 512-312-2600
Email: Hughes@ncfh.org

Proposals must include:

- Completed Abstract Application
- Abstract Description
- Résumé or Curriculum Vitae of Each Presenter
- Biographical Sketch of each Speaker Presenting