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|  | **2014 ANNUAL SEMINAR**  September 18, 2014  Northern Illinois University Outreach Center  Naperville, Illinois | | | | | **Request for**  **Speaker Proposals** |
| The International Association of Rehabilitation Professionals Illinois Chapter is soliciting presentation proposals for its September 18, 2014 Annual Seminar to be held at the Northern Illinois University Outreach Center in Naperville, Illinois. The seminar committee is looking for 1 or 1.5 hour general sessions that will provide knowledge and leadership in the field through proven new techniques, new technologies, solutions, and ways that address all aspects of rehabilitation.  Parties interested in submitting proposals for consideration by the seminar committee should complete the form below and email it to: Ed Steffan ([epsteffan@epsrehab.com](mailto:epsteffan@epsrehab.com)); June Blaine ([blainerehab@blainerehab.com](mailto:blainerehab@blainerehab.com)); Mary Andrews ([mary@andrewsrehab.com](mailto:mary@andrewsrehab.com)); Brian Harmon ([brian4482@yahoo.com](mailto:brian4482@yahoo.com)); and Kathy Mueller ([kmueller@indrehab.org](mailto:kmueller@indrehab.org)) by March 26, 2014. | | | | | | |
| **PRESENTER DETAILS**  *Please type and use separate form for each presenter.* | | | | | | |
| Name: | | | | Credentials*:* | | |
| Company Name: | | | | | | |
| Title & Position: | | | | | | |
| Phone: | | | | Fax: | | |
| Email: | | | | Web site: | | |
| Mailing address: | | | | | | |
| City: | | | State:  Zip/Postal Code: | | Zip/Postal Code: | |
| Current IARP Member? | | ( ) Yes | | | | |
| **PRESENTER BIO** *In 50 words, please provide a brief biographical statement emphasizing the aspect of your background that qualifies you to present on this topic. We strive to stay as close as possible to original wording, but we reserve the right to edit for space.* Return date of January 31, 2014. | | | | | | |
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| ( ) **Please check here to confirm that current resume is attached. Resume or CV is required.** | | | | | | |

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| **PRESENTATION DETAILS** | |
| Presentation title  (Please limit to  80 characters) |  |
| Overall goal of this  presentation |  |
| Objectives  (Must have  three) |  |
| AV equipment  &/or room needs | Computer projector, screen, lapel microphone, desk |

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| **PRESENTATION DESCRIPTION**  *In 75 words, please describe your presentation with explanation of what will draw attendees to your session (be creative!).* | | |
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| **REFERENCE**:  *Please provide contact info for organization or individual for verification of presentation experience.* | | |
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| What specific practical benefit will your presentation offer attendees (or to their clientele)? |  | | | |

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| **Terms** | * **This form should be returned as early as possible, with a resume or CV. Deadline is March 26, 2014.** * **Deadline for submission of handout samples for duplication and/or inclusion in the conference proceedings in electronic format is July 18, 2014.** * All handouts must be approved in advance by the ILARP Seminar Committee. * Handouts submitted may be included in the ILARP Seminar Program. Your signature indicates that no copyright infringements will be evoked by the use of this material.   **Signature: Date:** | | |
| **Contact Details:**  Edward Steffan  epsteffan@epsrehab.com  708-614-7771 | |  |  |

**Disclosure Form**

**Conflict of Interest Statement for Speakers**

Please disclose if your proposed presentation will discuss any product or service that you or your company/organization has any financial benefit from the service or product.

1. Regarding the services that will be discussed in the educational content over which you have control, have you had a financial relationship in **any amount in the last 12 months** with the manufacturers of the products or providers of the services?  Yes  No

If yes, complete the chart below. If no, please sign and return this form.

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| --- | --- |
| **Product or Service** | **Nature of Relationship** (e.g., employee, stockholder, consultant) |
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2. How will any conflict of interest be resolved? click here and type response