

Be a 2012 Spring Conference Presenter!

Call for Presentations

HFMA Northern California Chapter – Spring Conference

March 21-22, 2012

The HFMA Northern California Chapter is seeking presentation requests for our Annual Spring Conference at the Sheraton Grand Hotel in Sacramento March 21 – 22, 2012. We would like to encourage you to consider speaking and submit an outline for consideration (Outline requirements are listed below). Our attendance has been increasing each year, with an excess of 300 attendees in 2011.

Presenter Policies

Each speaker is provided a complimentary registration to attend the entire Conference, at a savings of more than \$375 off the normal Member Registration fee. Expenses incurred for travel, hotel, copy and mailing costs for course material are the responsibility of the speaker. All proposals are due no later than **November 4, 2011** and upon approval you will need to note the following deadlines:

- All brochure information (Session title, objectives, speaker bio, brief description of the presentation) presentation must be received by the brochure publication deadline of **December 16, 2011**.
- All session presentations and handouts must be received in an electronic format (i.e.: PowerPoint or PDF) no later than **March 2, 2012**.

Providers:

If you are a provider and have travel restrictions in place, please contact the education committee for consideration on expenses.

Presenter Benefits

As a presenter you will enjoy:

- ◆ Increased visibility within the healthcare industry and added recognition beyond the conference. Your presentation and materials will be distributed to healthcare professionals statewide.
- ◆ Copy of your presentation, with speaker authorization, maintained on the Chapter Website for viewing and downloading.
- ◆ Satisfaction of knowing your presentation helped others.
- ◆ Complimentary registration to attend the Conference.

Selection Process

The Spring Conference Education committee, which is made up of healthcare professionals from Northern California, will review all proposals. Selection criteria include:

- ◆ Timeliness of topic – Is the information relevant and current for the projected audience.
- ◆ Presenter qualifications and reference listing (must submit a one paragraph biography).
- ◆ Practical application of materials.
- ◆ References from past speaking engagements.

PRESENTATION PROPOSAL FORM

FOR THE 2012 HFMA NORTHERN CALIFORNIA SPRING CONFERENCE
March 21-22, 2012 - Sheraton Sacramento, CA

Presentation Information: (Please print or type)

1) Presentation Title: (Limit to 7 words)

2) Indicate which topic your presentation will focus on:

- | | |
|--|---|
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Reimbursement/Payment |
| <input type="checkbox"/> Compliance/Legislative | <input type="checkbox"/> Revenue Cycle/PFS |
| <input type="checkbox"/> Managed Care/ACO's | <input type="checkbox"/> Critical Access Hospitals |

The certification practicum is designed for healthcare professionals with at least 3-5 years of management experience in any financial management field, preferably in a provider setting (?what does this relate to)

3) Skill Level:

Presentation should cover new ideas or advanced concepts.

- Basic** – For individuals with little or no experience with the subject
- Intermediate** – For individuals with moderate exposure to the subject
- Advanced** – For individuals with an extensive knowledge of the subject.

4) Presentation Overview: (40 words or less For Brochure)

(Example: Participate in an intensive, day-long learning experience and collaborate with peers on micro case studies that deepen your knowledge of healthcare financial management and help you prepare for the CHFP exam.)

5) Session Objectives: (2 or more)

6) Biographical Information: (See Attached)

Lead Presenter Co-Presenter Panel Member

Name: _____

Degrees: (with abbreviations) _____

Title: _____

Organization _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Brief Biography: (For Seminar Material)

7) Biographical Information :(See Attached)

Lead Presenter Co-Presenter Panel Member

Name: _____

Degrees: (with abbreviations) _____

Title: _____

Organization _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Brief Biography: (For Seminar Material)

Lead Presenter Co-Presenter Panel Member

Name: _____

Degrees: (with abbreviations) _____

Title: _____

Organization _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Brief Biography: (For Seminar Material)

Lead Presenter Co-PresenterPanel Member

Name: _____

Degrees: (with abbreviations) _____

Title: _____

Organization _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Brief Biography: (For Seminar Material)

8) List References for past speaking engagements

PROPOSAL CHECKLIST

Completed Proposal Form

Biography for each presenter and co-presenters.

References

Please e-mail a copy of your proposal to:

Will McCammon
Hill Physicians Medical Group
Will.mccammon@hpmg.com

I give permission to list my name, title, organization and other identifiable information in all HFMA material related to the conference, including publications, promotions and media coverage.

I give permission to post, reprint or copy the presentation for HFMA Spring Conference purposes.

Late or incomplete proposals may not be considered.

Proposals should be
postmarked by
November 4, 2011