## Request for Proposals – Workshop Presentations

Dear Members and Friends,

The Providers’ Council welcomes a workshop presentation proposal from you or your staff for our **45th Annual Convention & Expo:** *Speak Up For Equity****.*** This event is the largest of its kind in New England, with nearly 1,200 people from nonprofit human services providers, businesses and state agencies expected to attend. The convention will be held on **Wednesday, October 28th** at the Marriott Copley Place Hotel in Boston.

Convention workshops are 90 minutes long and are generally attended by 20 to 100 convention participants from across all agency positions. The convention provides wide exposure to the human service community. Workshops are featured in our registration brochure, on our website and in the convention program book.

Convention presenters receive complimentary admittance to the day’s entire program, including meals. We reimburse presenters’ fees for copying workshop materials up to $30. ***Please note that laptops and projectors are available to presenters for a fee.*** We cannot guarantee a minimum or maximum number of attendees in any workshop.

**How to Respond**

If you would like to share your professional knowledge and skills, please complete and return the following *Presentation Proposal* form or complete the online proposal form by **Friday, May 8th, 2020**. All information requested on the *Presentation Proposal* form is needed for CEU applications and for convention registration materials.

**Selection Criteria**

Proposals will be judged on how well they meet the following criteria:

* Clear and concise workshop description
* Three well-defined, measurable objectives for the workshop
* Workshop strongly relates to human service providers’ interests
* Experience and credentials of presenters related to the workshop topic
* Presenter’s knowledge of human service providers
* Relevance of the topic, as determined by our Education and Convention committee

**Please feel free to circulate the *Presentation Proposal* forms to other professionals in your network.**

If you have any questions, don’t hesitate to call me at 508-598-9700 or email [eadams@providers.org](mailto:eadams@providers.org). We look forward to reviewing your submission.

Eliza Adams

Education and Membership Associate

**Convention Workshop Topics**

The Providers’ Council is particularly interested in receiving proposals for workshops in the following areas. We will also consider other topics that you think would be of interest to our audience, particularly those that are both unique and directly relevant to human service professionals. When you prepare your workshop proposal, please also consider the audience that the material is best suited for. We especially encourage topics that are conducive to this year's theme of *Speak Up For Equity*.

**Clinical topics** *for clinicians who work with people with developmental, intellectual or physical disability; mental health diagnosis; substance abuse history; history of abuse; economic disadvantage or criminal record; or with children, youth, families or elderly individuals.*

* Acquired brain injury
* Innovation in programs
* Motivational interviewing
* Trauma-informed care
* Positive behavioral supports
* Aging

**Executive topics**

* Collaboration & partnerships (focus on how-to)
* Development (e.g. best practices, the future of events, diversification, collaboration)
* Financial management & strategies
* Health insurance
* Worker safety
* Advocacy and public policy

**Management topics**

* Communication
* Conflict resolution
* Challenging workplace situations
* Crisis intervention (for clinical and non-clinical staff)
* Cultural competency and/or Race, Diversity and Inclusion
* Mentoring programs (staff to staff, staff to clients)
* Presentation skills
* Supervision (e.g. managing up, project management, motivation, team building)

**Administration and Finance topics**

* Accountable Care Organizations (ACOs)
* CORI
* Data collection – best practices, systems used, development use
* Data management and security
* Fundraising
* Grants
* Healthcare reform (e.g. dual eligibles, money follows the person, etc.)
* Innovation and Social Enterprise

**Wellness topics**

* Creating sustainable wellness program with good outcomes
* Handling burnout and vicarious trauma
* Stress management

Presentation Proposal

2020 Annual Convention and Expo

**All of the following information is required for your proposal to be considered.** The information you provide on this form will be used for our convention registration brochure and continuing education applications. You may attach responses to the form on a separate sheet.

**Title of Presentation:**

**Topic:**

**Who is this workshop suited for:**

**Workshop track(s):**

\_\_\_Clinical & Direct Care Programs \_\_\_ Executive

\_\_\_Supervision & Management \_\_\_ Human Resources

\_\_\_ Administrative & Finance \_\_\_ Personal Growth & Wellness

**Summary (Written as you’d like it to appear in the convention brochure, maximum 50 words):**

**Workshop Objectives: Please list 3 concrete, measurable objectives (these will be used in the workshop evaluation questions)**

**1.**

**2.**

**3.**

**Primary Presenter Information**

**Name: Position:**

**Company: Email:**

**Address: City, state, zip code:**

**Telephone:**

**Degree(s) and year degree(s) granted:**

**Years of experience in presentation subject matter:**

**Describe your experience in the workshop subject matter:**

**Co-Presenters:** Provide above information for each co-presenter separately, including all panelists & moderator if the workshop is a panel format.

**References**

**1.** Name: Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Name: Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teaching methods for this presentation (check all that apply):**

\_\_\_\_\_\_ Lecture

\_\_\_\_\_\_ Discussion Groups

\_\_\_\_\_\_ Practice

\_\_\_\_\_\_ Role Play

\_\_\_\_\_\_ Panel

**Audio-Visual Equipment (check all that apply):**

\_\_\_\_\_\_ None (you will not use any AV equipment)

\_\_\_\_\_\_ Flip Chart and Markers (to be provided by the Providers’ Council)

\_\_\_\_\_\_ I will bring my own LCD projector, and I understand that any related extension cords, remote controls, etc. are my responsibility (Council will provide projection screen).

\_\_\_\_\_\_ I will rent a projector from the event AV company at my own expense. Please send me the info regarding equipment available and fees. I will arrange rental at least 60 days before the event (Council will provide projection screen).

I would like information on ordering internet access.

***\*The Council cannot provide laptops or projectors for presenters.***

***\*Internet access is available for a fee***

**Ideal room presentation set-up** (**check all that apply):**

\_\_\_\_\_\_\_ Lectern (microphone will be provided for larger audiences)

\_\_\_\_\_\_\_ Head Table (for workshops with more than one presenter)

\_\_\_\_\_\_\_ AV table (for projector or handouts)

\*\*Please note that all rooms will be set up theater style with rows of chairs facing the front. If you will require a different set-up, please note here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bibliography** (List at least three books or journal articles that you will reference in your presentation. These do not have to be your own publications.):

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return this form to the Providers’ Council by May 8, 2020**

Questions? **Contact Eliza Adams at 508.598.9700 or eadams@providers.org.**