|  |  |
| --- | --- |
|  | **The IAHHC Annual***Request for Proposal* |

The Indiana Association for Home & Hospice Care are looking for professionals to present educational sessions at ***The IAHHC Fall Conference***, October 19-20, 2021. To be considered for *The IAHHC Fall Conference*, completed RFPs must be received by our deadline, **Monday, August 16th.** If you have more than one presentation, please complete a form for each one. Thank you!

# Title of Presentation:

**Presentation Description:**

*Please provide a 75-word description about your presentation here or attach it with your application. If selected, this description will be used to promote your presentation.*

# Learning Objectives:

**Type of Presentation:** Breakout Session General Session Keynote Presentation

**Length of Presentation:** 1.5 Hours Other

*Note: All conference sessions are 1.5 hours in length*

**Target Audience:** Home Health Hospice Personal Service All Disciplines

# Specific Staff:

*Please list the type of staff (administrators, owners, front-line staff, billers, etc.) that your presentation is aiming to reach.*

**Level of Presentation:** Beginner Intermediate Advanced

# Primary Presenter

## Name:

**Company:**

**Title:**

**Address:**

**City, State Zip:**

**Phone:**

**Cell**:

## Fax:

**Email:**

**Professional Experience**

Briefly (75-100 words) describe your professional experience or area of expertise that will demonstrate your ability to discuss the content you propose to present. Write it here or attach it with this application.

# Co-Presenter

## Name:

**Title:**

**Company: Address:**

**City, State Zip:**

**Phone:**

**Cell:**

**Fax:**

**Email:**

**Professional Experience**

Briefly (75-100 words) describe your professional experience or area of expertise that will demonstrate your ability to discuss the content you propose to present. Write it here or attach it with this application.

# Presentation Fee\*:

***This fee is:*** Negotiable Not negotiable

***Please explain:***

**\*IAHHC Members:** If selected, presenters will receive a 1-day registration to *The IAHHC Annual*.

|  |
| --- |
| Thank you for your interest in presenting to the members of the *Indiana Association for Home & Hospice Care*. Your RFP will be fully considered. You will be contacted in September **only** if your RFP is selected. For more information, please call contact Tori. Email is listed below. |
| **Please send completed form to:** Tori Raderstorf tori@iahhc.org Fax: (317) 775-6674 |