



2020 Proposal for SORH Partnership Meetings and NOSORH Annual Meeting

Thank you for your interest in presenting at the 2020 SORH Partnership meetings and NOSORH Annual meeting.

While all proposals are encouraged, we are particularly looking for submissions that are future-focused and encourage cross-sector collaboration. The NOSORH planning committee is prioritizing proposals that include projects implemented with at least one SORH state, and proposals that incorporate interactive discussion components.

Proposals must be submitted to trevorb@nosorh.org by close of business on January 31, 2020. If you any questions, please contact Chris Salyers, Education and Services Director, at chris.salyers@nosorh.org.

Meeting Dates and Locations:

The 2020 meetings will be held on the following dates and times:

Region A - Pittsburgh, Pennsylvania - June 16-18, 2020

Region B - Lexington, Kentucky - May 5-7, 2020

Region C - Chicago, Illinois - July 29-30, 2020

Region D - Reno, Nevada - June 3-4, 2020

Region E - Anchorage, Alaska - July 15 - 16, 2020

Annual Meeting - Saratoga Springs, New York - September 29-30, 2020

New to NOSORH Meetings?

State Offices of Rural Health have a responsibility to collect and disseminate rural relevant information, encourage collaboration to reduce duplication of rural efforts, and provide technical assistance to rural communities. Beyond the unique federal-state funding SORH receive, many SORH are also the lead for the state Flex, SHIP, and Primary Care Office programs. SORH work with rural health providers including Critical Access Hospitals, Rural Health Clinics, rural Community Health Centers and other safety net providers to improve access to care and promote better health. They often play a role in the recruitment and retention of rural health professionals, seeking innovative approaches to care coordination and promoting rural community vitality.

One of NOSORH's strategic priorities must be apparent in your proposed presentation. They are:

- *Cultivate a vital, innovative rural health landscape and infrastructure
- *Grow leadership to address rural population health and health equity
- *Build capacity for rural data driven program planning and decision making
- *Advocate for meaningful partnerships and additional resources for SORH, and their stakeholders

Please take time and review all information and materials to ensure that your submission meets all necessary criteria.

This document is compatible with Explorer, Edge, and Safari. If using Chrome, please print the forms and email to trevorb@nosorh.org.

The proposal and required forms must be completed in their entirety to receive consideration.

NOSORH will only reimburse travel for one presenter/speaker and one night of lodging. Please see the complete NOSORH Travel Policy (available on the NOSORH website).

Please complete one form per proposed presentation title and two releases for the first speaker. If selected, the 2nd speaker will receive an e-mail with the releases. Red outlined boxes that have an asterisk () are required. Once complete, follow the submission directions at the end of the form.

Region A - Pittsburgh, Pennsylvania

Region B - Lexington, Kentucky

Region C - Chicago, Illinois

Region D - Reno, Nevada

Region E - Anchorage, Alaska

Annual Meeting - Saratoga Springs, New York

*Title of Presentation

Select the strategic priority that your presentation encompasses.

Cultivate a vital, innovative rural health landscape and infrastructure

Grow leadership to address rural population health and health equity

Build capacity for rural data driven program planning and decision making

Advocate for meaningful partnerships and additional resources for SORH, and their stakeholders

***Brief description of presentation.** In this description, please note how the presentation will reflect the strategic priority you have selected. There is a 100 character minimum and a 800 character maximum. Anything over 800 characters will be deleted.

Person to contact /if not speaker(s)

Person to contact's E-mail

*1st Speaker's First name

*1st Speaker's Last name

*1st Speaker's Organization/Company Name

*1st Speaker's E-mail

*1st Speaker's Phone

*1st Speaker's Title

*1st Speaker Bio: Please include your work with SORHs and something our members may find interesting about you. There is a 100 character minimum and a 800 character maximum. Anything over 800 characters will be deleted.

*Length of presentation

30 minutes

45 minutes

60 minutes

*1st Speaker's Travel Cost Estimate (if applicable). If none, please enter "0".

***Equipment Needs: Check all that apply**

- Laptop
- Wireless Slide Advance
- One Screen
- Speakers

**Only PC
Compatible
Presentations will
be
accommodated.**

***Are you playing a
video/movie?**

- Yes
- No

PRESENTATION RELEASE FORM

I, the undersigned, hereby authorize the National Organization of State Offices of Rural Health (NOSORH) to duplicate and distribute my presentation(s) to the NOSORH community and the general public by various means, including, but not limited to, CD, audio cassette, DVD, videotape and via the Internet for purposes consistent with NOSORH's mission.

I authorize NOSORH in perpetuity to use text, audio, video, and other media from my presentation(s), as well as my name, my physical likeness, voice, and any photographs, film, audio tape, video tape and/or digitized images of me and/or my presentation(s) in any NOSORH online venue and in any other educational/marketing materials prepared and distributed by NOSORH.

I understand and agree that NOSORH makes no warranties or promises regarding unauthorized use by others and that the organization is not responsible for any unauthorized use of text, audio, video, and other media from my presentation(s) by any person, and I agree to hold NOSORH harmless from all such uses. I promise that I either exclusively own all rights, title, and interest in all materials used in my presentation(s) or have obtained prior written authorization to use someone else's copyrighted material. I agree to defend and to hold NOSORH harmless from any and all claims of copyright violation resulting from the use of my presentation materials.

***By signing your full name and date below, you are indicating that you have read and agree to the terms and conditions of the Presentation Release Form.**

***Date Presentation Release Signed(00/00/0000 format)**

PHOTOGRAPHY AND PUBLICITY CONSENT RELEASE FORM

I hereby give the National Organization of State Offices of Rural Health (NOSORH), its employees and its agents permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made in conjunction with NOSORH activities.

I agree that NOSORH has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with NOSORH's mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet.

I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release NOSORH, its employees and its agents from any and all claims which arise out of or are in any way connected with such use.

***By Signing your full name and date below, you are indicating that you have read and agree to the terms and conditions of the Photography and Publicity Release Form.**

*Date Photography and Publicity Consent Release Signed (00/00/0000 format)

If a second speaker will be present, please complete this section. If selected, this person will receive releases and a request for a head shot. **ONLY ONE SPEAKER IS REIMBURSED!**

2nd Speaker's First Name (if applicable)

2nd Speaker's Last Name

2nd Speaker's Organization/Company Name

2nd Speaker's E-mail

2nd Speaker's Phone

2nd Speaker's Title

2nd Speaker Bio: Please include your work with SORHs and something our members may find interesting about you. There is a 100 character minimum and a 800 character maximum. Anything over 800 will be deleted.

Comment Section:

Submission Instruction:

Upon completion of the form, please click the submit mailbox button at the bottom of this page. When the screen opens for email options, **DO NOT** select "Use adobe send". Either select the "default email" option or save it to your computer and attach it in an email. Send to: trevorb@nosorh.org.

Due date is January 31, 2020

One form per proposed title--you may request another form in the comments section for subsequent titles.

Speakers selected:

Changes to your presentation and speaker(s) will be accepted up to and including 30 days prior to the start of the conference.

You must send presentation no later than 14 days prior to the first day of the event. Also, bring the presentation as a backup.

If selected for the Annual Meeting, you must provide a head shot, no later than August 27, 2020.

