**2022 Northwest Patient Safety Conference**

**Call for Speakers and Posters**

**CONFERENCE DATES:**

October 18 - 19th, 2022 8:00 AM - 12:30 PM PST

**Please email all applications to Steve Levy, slevy@qualityhealth.org**

If you have questions please contact Steve Levy, slevy@qualityhealth.org, 954-540-3860

**SPEAKER APPLICATIONS:**

Speaker applications will be open through July 31, 2022.

**Plenary Speakers** have been selected.

**Breakout Speakers** will host virtual 50 - minute sessions on Tuesday, October 18th or Wednesday, October 19th.

All speakers will receive complimentary registration for the conference and may request an additional speaker honoraria.

*Each speaker whose proposal is accepted will sign and return a Letter of Agreement by July 31 which specifies the timeline, responsibilities, and deliverables. If a speaker does not meet the conditions specified in the Letter, the conference organizers may rescind the invitation to speak.*

**POSTER APPLICATIONS:**

Poster presenters may apply through September 15th, 2022.

All poster presenters will receive complimentary registration for the conference. If accepted, conference organizers will work with you to determine the best way to present in the virtual space.

**Please email all applications to Steve Levy, slevy@qualityhealth.org**

**If you have questions please contact Steve Levy, slevy@qualityhealth.org, 954-540-3860**

1. Your email: \*

***Presentation/Poster Details***

*The following questions ask about your presentation/poster title, topics, learning objectives, and audience.*

1. **Are you completing this form for a session presentation or poster? \***

□ Session Presenter □ Poster

## **If your speaking application is NOT accepted, are you interested in being considered for a poster?**

□ Yes □ No

## Title of Presentation/Poster: \*

## Session/poster description: \*

**IMPORTANT:** If possible, please provide links to articles, videos, talks or materials that will help the conference committee better understand the topic and expound on the description above.

1. List 2-3 learning objectives for this presentation/poster: \*
2. **This session/poster is best suited for someone who is a(n) \***

*Check all that apply.*

□ Beginner in patient safety topics

□ Intermediate in patient safety topics and terminology

□ Advanced or expert in patient safety or this particular presentation topic

□ All experience levels

# *Presenter Information:*

# *If your presentation requires more than one speaker, please identify a lead speaker. You will be asked to explain the need for additional speakers in a later question.*

## Lead Presenter Name \*

1. Lead Presenter Job Title \*
2. Lead Presenter Organization \*
3. Lead Presenter Email \*
4. Lead Presenter Phone Number \*
5. Lead Presenter Bio (limit to 175 words or attach with application) \*
6. Lead Presenter experience or expertise on the presentation topic \*
7. Do you have any relevant relationships or commercial interests to disclose? \*

Please provide one reference who can validate your expertise or presentation effectiveness

1. Reference Name \*
2. Reference Email \*
3. Reference Phone Number \*
4. Will there be any co-presenters? \*

□ Yes □ No

## If yes: please list all co-presenters, their email addresses and organizational affiliation, and their experience on the presentation topic:

1. If yes: Please explain the need for more than one presenter for the poster.
2. Will you require a speaker honoraria? \*

□ Yes □ No