**2025 Northwest Patient Safety Conference**

**Speaker Information**

**Thank you for offering to present at the 22nd Annual NW Patient Safety Conference.**

**Please return this to Steve Levy,** [**slevy@qualityhealth.org**](mailto:slevy@qualityhealth.org) **by June 30, 2025.**

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

**CONFERENCE DATES:**

October 16 - 17, 2024, 8:00 AM – 1:00 PM PST

**CONFERENCE VENUE:**

Virtual

**PRESENTATION TIME:**

60 minutes

All speakers will receive complimentary registration for the conference.

*Process: Upon receipt we will send you a formal Letter of Agreement confirming the details of the presentation.*

## Your name:

## Your email:

## Your phone number:

1. Your Job Title:
2. Your Organization/Employer:

***Presentation Details*** ***(****We need this to start our CE applications and understand this can change by October****)***

## Title of Presentation:

## Presentation description:

1. List 3 learning objectives for this presentation:
2. This session 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

## I am available for the following time slots: ALL TIMES PACIFIC

## □ October 16 (Thursday): 8:00-9:00 a.m.

## □ October 16 (Thursday): 9:15-10:15 a.m.

## □ October 16 (Thursday): 10:30-11:30 a.m.

## □ October 16 (Thursday): 11:45 a.m.-12:45 p.m.

## □ October 17 (Friday): 8:00-9:00 a.m.

## □ October 17 (Friday): 9:15-10:15 a.m.

## □ October 17 (Friday): 10:30-11:30 a.m.

## □ October 17 (Friday): 11:45 a.m.-12:45 p.m.

1. Lead Presenter Bio (limit to 175 words or attach with this form) ***Please include a headshot of yourself for the conference website.***
2. Do you have any relevant relationships or commercial interests to disclose?
3. 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. Will you require a speaker honorarium?

□ Yes □ No Amount requested:\_\_\_\_\_\_\_\_\_\_\_\_\_