



*This form must be completed in its entirety (5 pages) in order to be considered for a presentation opportunity. Once completed, please submit to Harry Pang via email at [hpang@vendomegrp.com](mailto:hpang@vendomegrp.com).*

**SUBMISSION CONTACT INFORMATION:**

Please list the contact information of the person submitting this form.

If the LEAD PRESENTER is submitting this form, you DO NOT need to complete this section; please check the box below, and proceed to the next section.

Same as the lead presenter. See below

\* Contact First Name: \_\_\_\_\_ \* Contact Last Name: \_\_\_\_\_

\* Contact Title: \_\_\_\_\_ \* Contact Company: \_\_\_\_\_

\* Contact Address: \_\_\_\_\_

\* Contact City: \_\_\_\_\_ \* Contact State/Province: \_\_\_\_\_ \* Contact Zip: \_\_\_\_\_

\* Contact Country: \_\_\_\_\_

\* Contact Phone: \_\_\_\_\_ \* Contact Email: \_\_\_\_\_

**LEAD PRESENTER INFORMATION:**

Please provide the following information for the person serving as the lead presenter for the proposed presentation.

\* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

\* Title: \_\_\_\_\_ \* Company: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State/Province: \_\_\_\_\_ \* Zip: \_\_\_\_\_

\* Country: \_\_\_\_\_

\* Phone: \_\_\_\_\_ \* Fax: \_\_\_\_\_

\* Email: \_\_\_\_\_

**\* In what type of organization do you work?**

- Hospital Facility
- Government Organization
- Architectural A/E Firm
- Interior Design Firm
- Design/Build Firm
- Product/Service Provider
- University/Educational Organization
- Other (please Specify) \_\_\_\_\_

**Area(s) of Expertise:**

**\* Speaker Bio (max of 100 words):**

**\* Educational History\* (Include academic institution(s), degree(s) earned, and year(s) graduated.):**

**\* Please provide brief Company Information (max of 75 words):**

**\* MAIN POINT OF CONTACT:**

Who should we contact with questions, communications, and instructions regarding your presentation and participation in the webinar series? (Check all that apply)

- Lead Presenter
- Submission Main Contact
- Other (please provide contact information below)

**ADDITIONAL SPEAKERS:**

**Please specify the number of additional speakers, if any (no more than 2 additional speakers will be allowed): \_\_\_\_\_**

Please list all other speakers planning to participate in the presentation. Name, credentials, title, company, mailing address, phone, fax, email address, organization type, area of expertise, brief bio, and educational history are all required for each speaker.

**PROPOSED SESSION INFORMATION:**

\* **Proposed Session Title:** \_\_\_\_\_  
This title should be descriptive of content and learning objectives.

\* **Proposed Session Description (max 200 words):**

Session descriptions should contain challenge(s) to be addressed, key technologies used, results of the process, Case studies, best practices, and/or recent innovations. Language should be clear and concise as it will be used for marketing and accreditation purposes.

**Learning Objectives:**

Please include 3 primary learning objectives your session will cover, which outline benefits and outcomes for the attendee. Learning objectives should start with action words such as: learn, identify, explore, obtain, describe, etc. Objectives should be clear and concise, as they will be used for marketing and accreditation purposes.

\* 1.

\* 2.

\* 3.

\*4.

**HEALTHCARE DESIGN Webinar Presentation Proposal Submission TERMS AND CONDITIONS:**

**Please read the following terms and conditions that apply to presenting a webinar.** Acceptance must be granted in order for your presentation to be considered.

- The webinar will correspond with the original session description
- The presentation contains factual, educational content
- If product is referenced in the program, it is for case study purposes only and contains no sales pitch presentations
- The presentation contains well rounded perspectives
- The presentation will be submitted for peer review and acceptance is not guaranteed
- If accepted, the language submitted in the presentation, including learning objectives, speaker bios, and session descriptions will be used for marketing purposes. Long-Term Living Webinars retains the right to edit the text for printed and online programs.
- I understand that if accepted, this presentation is not to be presented in any competing webinars in the same year in order to keep the educational program fresh.
- If not accepted, the presentation will be kept on file for future events

I have full power to make this Agreement and have informed any co-presenter(s) of the terms of this Agreement and I am consenting on his/her/their behalf as agent, and am authorized to do so. By checking the box below I acknowledge that I have read and agree to the above terms and conditions.

I AGREE to the Terms Above

\* Name: \_\_\_\_\_

\* Organization: \_\_\_\_\_

\* Date: \_\_\_\_\_