



Indiana  
Collaborative  
Conference  
on Aging

*Celebrating the Past. Charting the Future*  
November 10-11, 2009

## *Call for Presentations*

The Indiana Collaborative Conference on Aging will take place at the Marriott East Hotel in Indianapolis on **November 10 and 11, 2009**. The theme of the conference is ***Celebrating the Past. Charting the Future***. The purpose of the conference is to provide opportunities for professionals and students in the aging network to **increase awareness** of trends and applied research; **network and collaborate** with professionals across disciplines, organizations and the continuum of aging services; **explore** how to plan, implement and evaluate programs and best practices; and **discuss** pressing issues and policies that will impact quality of life for older adults in Indiana.

### *Conference Audience*

The 2009 ICCA reaches out to over 300 Indiana and regional professionals who provide services to older adults. This includes government, not for profit and for profit aging network service providers; faculty, staff and students from universities and colleges in the Midwest, and individuals interested in aging trends and issues.

### *Presentation Topics*

**NOVEMBER 10 & 11      BREAKOUT SESSIONS      75 MINS IN LENGTH**

The 2009 ICCA presentations should provide all attendees with the latest in trends, research and best practices within the topic area.

<b>Topic Area</b>	<b>Topic Area</b>	<b>Topic Area</b>	<b>Topic Area</b>
Health & Wellness	Care, Caregiving and Support	Alzheimer's Disease and Dementia	Issues of Aging Veteran Care and Caregiving

### *Presentation Formats*

- Panel discussion with Q & A
- Lecture with discussion
- Small group interactive session

### ***Presentation Selection Process***

Proposals will be reviewed and selected by subcommittee of the program and steering committees. Evaluation criteria for selection include:

- a) Relevance to theme and selected topics of the conference
- b) Clarity, depth and specificity of the proposal
- c) Relevance to ICCA target audience
- d) Timeliness of subject matter
- e) Innovation and uniqueness of subject matter

Your presentation should not be an advertisement for you, your services or your company.

Please prepare your presentation to fit the allotted time.

**DEADLINE: All proposals must be submitted May 8, 2009.**

Individuals submitting proposals will be notified by June 5, 2009 if their presentation has been chosen. An individual or organization may submit more than one proposal, but each proposal must contain all specified information to be eligible for consideration.

### ***Presenter Agreement***

Presenters who are selected agree to:

- a) Provide handouts and resource materials for their session. An electronic copy of all handouts and materials are to be submitted to ICCA program committee by September 25, 2009.
- b) Promoting a company, product or service during the presentation is prohibited.

### ***Proposal Questions***

For more information about proposal submissions for ICCA, contact Helen Dillon at (317) 791-5943 or [hdillon@uindy.edu](mailto:hdillon@uindy.edu).



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## ***Presentation Proposal*** Duplicate Form as Needed

**Submission Deadline: May 8, 2009**

**Presentation title:**

\_\_\_\_\_

**Check preferred date:**     **Tuesday, November 10**     **Wednesday, November 11**

**Check topic area:**

Health & Wellness

Care, Caregiving & Support

Alzheimer's Disease & Dementia

Issues of Aging Veteran Care and Caregiving

**Presentation summary (60 words maximum):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Presentation goals:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lead presenter:**

Lead presenter is responsible for informing co-presenters about the conference details.

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

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Phone: [ ] \_\_\_\_\_ Fax: [ ] \_\_\_\_\_

Website: \_\_\_\_\_

Signature: \_\_\_\_\_

**Co-Presenters:** Please list others who are presenting with you.

\_\_\_ I will not have a co-presenter(s)

\_\_\_ I will have the following co-presenters:

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

Agency: \_\_\_\_\_

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

Agency: \_\_\_\_\_

**For each presenter and co-presenter, please submit a brief biography that includes credentials and educational background.**

**Audio Visual needs:**

Traditional audio visual equipment and supplies will be available, including what is listed below. A limited number of LCD/Computer systems for PowerPoint presentations will be available by request. You may bring your own additional equipment or rent it from the hotel.

I would like to request the following:

\_\_\_ Overhead Projector \_\_\_ Flipchart/Markers \_\_\_ Audio cassette \_\_\_ TV/VCR

\_\_\_ Slide Projector \_\_\_ LCD Projector \_\_\_ Laptop \_\_\_ Screen

\_\_\_ Other: Please specify: \_\_\_\_\_

\_\_\_ I plan on bringing my own LCD/Computer system

\_\_\_ I do not need any audio visual equipment/supplies

**Submission Details: Please Read Carefully!**

**Please attach the following information or any additional pages:**

- **Session Summary** (brief description of session as it would appear in the promotional brochure)
- **References** (a list of two or more references as well as their contact information)
- **Biographical Information** (50 word biographical sketch or resume)

**Presenter Agreement:**

- I understand a travel stipend that includes hotel will be available.
- I understand there will be a registration fee if I attend sessions on any day other than the one on which I will be a presenter. Presenters may attend other sessions on the day of their presentation at no charge.
- I will keep the meeting dates of November 10 & 11, 2009 available until notified of the status of my proposal.
- I will forward an electronic copy of my handouts to the conference committee no later than September 25, 2009.
- Provide an electronic copy of their presentation to ICCA program committee by November 2, 2009. Speaker should bring an electronic copy of their presentation on their own computer or on a memory stick.
- I understand promoting a company, service or product during the presentation is prohibited.
- I will inform my co-presenter(s) of these policies.

Primary presenter signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Ways to Submit Proposal:**

- E-mail: blackst@uindy.edu**
- By Fax: (317) 791-5945 Attention: Stephanie Black Fritz**
- By Mail: Stephanie Black Fritz, Center for Aging & Community, University of Indianapolis, 901 S. Shelby Street, Indianapolis, IN 46203**