



8515 Douglas Ave., Ste. 27B Urbandale, IA 50322 Tel: 515-225-8079

Iowa Emergency Medical Services Association

Call for Presentations

Thank you for your interest in providing a presentation at the IEMSA Annual Conference. Any proposal submitted to IEMSA should be tailored specifically to meet the needs of our conference participants. Our audiences are comprised mainly of EMS providers. Participants are composed of all levels of EMS providers. Presentations should be assessable to all attending the conference.

Conference participants expect to be challenged and informed. All presenters must agree to provide an in-depth and comprehensive handout to be included in our meeting guidebook

SUBMISSION INSTRUCTIONS

- ◆ Complete the application form accompanying this call for presentations and include the following:
 - ◆ A short description of the session – be specific and say precisely what you offer (may be edited for clarity and length prior to publishing in brochure).
 - ◆ Three bulleted learning objectives.
 - ◆ A short biography (current biographical information most important to selection committee), no more than 50 words.
 - ◆ A copy of your curriculum vitae (CV) or resume
- ◆ Mail all materials to the IEMSA office as noted in the letterhead above or via e-mail to administration@iemsa.net
- ◆ **Please note that a separate submission form is required for each presentation.**

Submissions received will be acknowledged by postcard or return e-mail. If either is not received within one (1) week of submission of materials, please contact the IEMSA office at 515-225-8079.

SELECTION CRITERIA

- ◆ A clear description of all above information.
- ◆ How well the session fits into the overall balance of the program (i.e. target audience, content, new and repeated sessions, similar sessions, etc.)
- ◆ Evidence of presenter's experience/expertise.
- ◆ Absence of sales pitch for products or services. We will not consider proposals that include sales pitches. All presenters must complete a Conflict of Interest statement if selected for conference.
- ◆ Questions? Call 515-225-8079

IEMSA Call for Presentations

Name of Presenter: _____ IEMSA Member? Yes No

Title/Certifications: _____

Affiliation/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

**Requested
Honorarium:
Expected Expenses,
i.e. flight, mileage, meal
per diem, hotel**

Please note that submissions that do not address the items highlighted in blue (requested honorarium and expected expenses) will not be considered.

Title of Presentation: _____

Type of presentation (check one): General Session (presented to all attendees), 75-100 minutes
 Concurrent Session (breakout), 50-75 minutes

Projected audience (check all that apply): Pre-EMS Instructors (CPR, First Aid, AED) Managers
 BLS Providers Educators
 ALS Providers

Topic of presentation (check all that apply): Airway Medical
 Patient Assessment OB/Gyn
 Trauma Pediatrics
 Documentation Behavioral
 Other (specify) _____

Teaching method(s) to be used: Lecture Demonstration
 Cognitive/Interactive Panel Discussion
 Hands-on/Interactive Role Playing
 Question and Answer format
 Other (specify) _____

Has this presentation been submitted for publication? Yes No In Press

If Yes, where/when: _____

Have you presented this topic at a State or National conference within the last three years? Yes No

If Yes, where/when: _____

