

Share Your Expertise at the upcoming virtual conference



22nd Annual Virtual • May 9-11, 2023

Health Literacy Conference

Speaker Information

Please select how many speakers will present: 1 2 3 4 5

Speaker 1 (Primary Contact)

Name: _____

First

Last

Credentials

Title: _____

Organization: _____

Phone: _____

Email: _____

- If you're uncomfortable with technology, we'll plan time for you to practice before your session.
- IHA wants all speakers to have a successful, positive experience. The following questions will help us achieve that.

How comfortable are you using technology?

Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

How comfortable do you feel giving a virtual presentation?

Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

Speaker 2

Name: _____

First

Last

Credentials

Title: _____

Organization: _____

Phone: _____

Email: _____

How comfortable are you using technology?

Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

How comfortable do you feel giving a virtual presentation?

Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

Speaker 3

Name: _____
First Last Credentials

Title: _____

Organization: _____

Phone: _____ **Email:** _____

How comfortable are you using technology?

Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

How comfortable do you feel giving a virtual presentation?

Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

Speaker 4

Name: _____
First Last Credentials

Title: _____

Organization: _____

Phone: _____ **Email:** _____

How comfortable are you using technology?

Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

How comfortable do you feel giving a virtual presentation?

Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

Speaker 5

Name: _____

First

Last

Credentials

Title: _____

Organization: _____

Phone: _____

Email: _____

How comfortable are you using technology?

Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

How comfortable do you feel giving a virtual presentation?

Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

Speaker 6

Name: _____

First

Last

Credentials

Title: _____

Organization: _____

Phone: _____

Email: _____

How comfortable are you using technology?

Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

How comfortable do you feel giving a virtual presentation?

Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

Presentation Information

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1. Select session format

Prerecorded Lecture

Panel Discussion

Live Lecture

Workshop

Connection Café Host

Poster (*skip questions 6-11 below*)

2. Select desired duration

30 minutes

60 minutes

30 minutes

60 minutes

Discussion thread

60 minutes

90 minutes

60 minutes

90 minutes

1 hour Zoom meeting

3. Title:

4. Session summary or poster abstract (100-word maximum):

A **Job Analysis Task Force** identified 7 competencies that professionals must master to evidence health literacy proficiency. IHA designates plenary and breakout sessions according to these 7 competencies. This allows participants to select sessions in which they'd like to increase competency mastery. ([Click here to find out more about the Job Analysis Task Force work.](#))

5. Please select one competency that matches the focus of your proposal.

([Click here to see a description of each competency.](#))

- Communication
- Public Health
- Education
- Language, Culture, and Identity
- Organizational Systems and Policies
- Community Engagement
- Ethics
- Not sure

Stop if you are submitting a Poster.

6. Applicable solutions. How can participants who view/participate in your session use your information to advance their own work? (100-word maximum)

7. Objectives. List 3 learning objectives you hope participants achieve during your session. Objectives should complete this sentence:

After attending this session, attendees will be able to ...

1. _____
2. _____
3. _____

8. Outline (Must include description of main points and time spent on each. **Workshop submissions** must include your planned learning activities and how you will engage participants.)

9. In terms of health literacy knowledge and/or experience, which of these describes your session's ideal participants?

- Advanced
- Beginner

Speaker Agreement

Please check each box to indicate that you understand and agree:

Application Requirements

- You must resubmit your application if you do not receive a confirmation email. If you have questions or concerns, please contact Mario Melia at mmelia@iha4health.org.

Important Dates

- April 19:** Submit all presentation materials (posters, presentation slides, on-demand prerecorded session) via Conference Harvester.
- May 9-11:** Virtually present your material or session
- Email Eskarlethe Juarez (ejvarez@iha4health.org) immediately if for some reason you will not be able to present.

During the Conference:

- All sessions will be recorded and be made available for viewing at a later time.
- You are responsible for providing resources or materials for distribution.
- You agree to avoid all self-promotion during your session.

By submitting your proposal, you agree that you have read, understand, and agree to the terms and deadlines listed in this Speaker Agreement.