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**Call for Proposals**

**November 16 and 17**Sinclair Conference Center
444 W. Third St., Dayton, Ohio 45402

**DEADLINE: June 1, 2020, 12:00 PM Eastern Time**

**EMAIL TO: Sheila Fox at sfox@eventinsite.com**

Thank you for your interest in presenting at LGBT Horizons of Aging Summit 2020, which takes place in November in Dayton, Ohio. The Horizons Planning Committee is requesting proposals for session presentations, due by **June 1, 2020, at 12:00 pm** Eastern time.

*Conference Purpose: The goal of the conference is to provide interdisciplinary education and conversation about aging and the LGBT community for individuals who identify in this community and the professionals who work with them.*

**Sessions on Monday afternoon, November 16, will be 90 minutes in length and provide opportunity for a deeper dive for professionals. Sessions on Tuesday, November 17, will be offered between 9:00 a.m. and 4:00 p.m. and will be 60 minutes in length.**

If any information on the Call for Proposals Form is left blank, the proposal may not be considered.

**Topics the Horizons Planning Committee is interested in include, but are not limited to, the ones below.** However, all workshops must be specifically related, and applicable, to aging for the LGBT community:

* Health-Related Care (including mental health)
* Transgender Older Adults
* Legal and Estate Planning
* Advocacy/Public Policy
* Housing
* Financial Planning
* End-of-Life Care/Issues/Planning
* Trauma and Grief Recovery
* Cultural Competency
* Thriving emotionally/spiritually later in life

 *Please submit a separate proposal for each session topic.*

**1. SESSION TITLE** *(10 words or less):*

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**2. SESSION OVERVIEW** *(100 words or less):*

Provide a brief session description **to be included in the conference program and registration website.** Provide a clear and accurate description so participants fully understand the session when they register**.**

For example: *“This session will provide information about trauma recovery specific to the experiences of those in the LGBT community.”*

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## 3. LEAD PRESENTER *(as you would like it to appear in the program\*)*

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| --- | --- |
| *Name of Presenter: \**  | Click here to enter text. |
| *Title: \** | Click here to enter text. |
| *Organization/ Affiliation: \** | Click here to enter text. |
| *Address:* | Click here to enter text. |
| *Work Phone Number:* | Click here to enter text. |
| *Mobile Phone Number:* | Click here to enter text. |
| *Email Address:* | Click here to enter text. |
| *Please give a brief bio (250 words or less) that includes your background, training qualifications, degrees earned, and experience presenting information to large and/or small groups.*  |

**CO-PRESENTER or PANEL MEMBER** *(if applicable; Copy and paste this section if needed for additional presenters. List your name as you would like it to appear in the program\*):*

|  |  |
| --- | --- |
| *Name of Presenter: \** | Click here to enter text. |
| *Title:\** | Click here to enter text. |
| *Organization/Affiliation: \** | Click here to enter text. |
| *Address:* | Click here to enter text. |
| *Work Phone Number:* | Click here to enter text. |
| *Mobile Phone Number:* | Click here to enter text. |
| *Email Address:* | Click here to enter text. |
| *Please give a* ***brief*** *bio (250 words or less) that includes your background, training qualifications, degrees earned and experience presenting information to large and/or small groups. This will be included in the conference program.* |

**4. SESSION FORMAT** *(All sessions will be 60 or 90 minutes in length. Check all boxes that apply.)*

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| --- | --- |
| **☐** | **60-minute session** |
| **☐** | **90-minute session** |
| **☐** | **I am willing to expand my session to 90 minutes or reduce my session to or 60 minutes, if necessary.** |

**5. SESSION TYPE** *(Check all that apply.)*

*We encourage active, participatory sessions.*

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| **☐** | **Lecture** |
| **☐** | **Individual, small or large group activities and discussions**  |
| **☐** | **Panel** |
| **☐** | **Other:** Click here to enter text. |

**6. LEVEL OF INSTRUCTION** *(Check all that apply.)*

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| --- | --- |
| **☐** | **Beginner** – *general cultural competency and overview for those with little**experience in aging and LGBT issues*  |
| **☐** | **Intermediate** – *for those who seek to build on experience/knowledge of aging and LGBT issues* |
| **☐** | **Advanced** – *for those who have worked with aging and LGBT individuals**for several years**and seek to expand/refine their experience/knowledge* |
| **☐** | **General Audience** – *for a mixed audience with various levels of experience* |

## 7. CONNECTION TO THE CONFERENCE AUDIENCE

How does the session apply to the aging LGBT community and/or professionals who work with them?

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**9. REQUESTED EQUIPMENT** *(please select all that apply):*

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| --- | --- | --- | --- |
| **☐** | LCD Projector and Screen | **☐** | Flip Chart and Markers |
| **☐** | Internet | **☐** | Other: Click here to enter text. |
| **☐** | Audio/Video | **☐** |  |

**10. SESSION OBJECTIVES**

**What will participants KNOW or BE ABLE TO DO after participating in the session?** *(List three objectives – increase knowledge, skills, information or other resources). For example: “Participants will be able to…”*

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|  Click here to enter text Demo  |

## 13. AGREEMENTS

By submitting this proposal, I/we understand that:

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| --- | --- |
| **☐** | I/we am/are responsible for travel and lodging expenses related to the conference.  |
| **☐** | I/we will provide conference organizers with electronic versions of the presentation materials by Friday, November 2, 2020. |

**Please attach your professional CV or copy and paste into the box below.**

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| Click here to enter text. |

**Questions?** Please contact Sheila Fox at sfox@eventinsite.com or 614.547.2160.