

## **2014 Environments for Aging Conference- Call for Presentations**

Deadline for submissions- July 19, 2013 5 p.m. PST

**Environments for Aging**, founded and produced by The Center for Health Design and Vendome Group LLC, publishers of *Long-Term Living*, *environments for aging and HEALTHCARE DESIGN* magazines, in conjunction with the AIA Design for Aging Knowledge Community, International Interior Design Association, The American Society of Interior Designers and SAGE, brings together developers, owners, design professionals, product manufacturers, academia, aging specialists, and government officials to explore new ideas for creating places that support people as they age.

Environments for Aging is developed by professionals who are day-to-day advocates and champions for the improvement of healthcare and life experiences for the aging population.

This premier event is the most comprehensive conference in the industry offering attendees a state-of-the-art multi-track, multi-disciplinary learning event. Attendees benefit from access to the latest and best information from thought leaders and innovators within the field of aging.

## We welcome presentation proposals that are suited to our educational foci, which include\*:

- Considerations for Effective Aging Environments
- Innovative Household/ Housing Models
- Innovations in Design and Planning
- Aging-in-Place/Universal Design
- Solutions that Enhance the Human Experience
- Future-focused models
- Trends towards Independence and Wellness
- International Perspectives
- Public/ Private Partnerships
- The Impact of Technology and Product Innovations
- Innovative Projects and Community Programs
- Evidence-Based Design Research Studies/ Reports
- Green Design and Sustainability
- Remodeling and repositioning of existing facilities
- The Continuum of Care
- Dementia and other cognitive challenges

#### **Questions?** Contact

Jennifer Wilcox, Director of Education

Phone: 925.521.9404 ext 119 Email: j@healthdesign.org.



## **SUBMISSION FORM**

Please include ALL information requested in this submission form. Failure to supply all requested information may limit opportunities for selection.

# **SUBMISSION MAIN CONTACT INFORMATION** Please list the contact information of the person submitting this form. If the lead speaker is submitting this form, please check here $\square$ Contact First Name: Contact Last Name: Credentials/ Appellations: Contact Title: **Contact Organization: Contact Address:** Contact City: Contact State/Province: Contact Zip/Postal Code: Contact Phone: Contact Email: LEAD (1<sup>st</sup>) SPEAKER INFORMATION Please provide the following information for the person serving as the lead presenter for the proposed presentation. First Name: Last Name: Credentials/Appellations: Title: Organization: Address: City: State/Province: Zip/Postal Code: Phone: Email: In what type of organization do you work? Senior Living Facility/Community

**Estate/Property Management Company** 

**Government Organization** 

Architectural A/E/Firm



IL	interior Design Firm			
	Design/Build Firm			
	Product/ Service Provider			
	University/Educational organization			
	Health System			
	Other (please Specify)			
Area	Area(s) of Expertise: (max of 75 words)			
Spea	ker Bio (max of 100 words):			
Pleas	se provide a brief description of Company Information (max of 75 words):			
Pleas	se list other speaking engagements where you have you presented in the last two years?			
	ational History* (Please include academic institution(s), degree(s) earned, and year(s)			
	NCERS of the National Association of Board of Examiners of Long Term Care Administrators (NAB ires the above information for all selected speakers as a requisite for program accreditation.			
MAIN	N POINT OF CONTACT			
	should we contact with questions, communications, and instructions regarding your presentation participation in the conference?			
	Lead Presenter			
	Submission Main Contact			
ADDI	ITIONAL SPEAKERS			
Chec	k the number of additional speakers and provide the requested information.			
	1, 2 or 3			
First	Name:			
Last I	Name:			
Cred	entials/Appellations:			
Title:				
_	nization:			
Addr	ess:			
City:				



State/	Province:		
Zip/Po	stal Code:		
Phone			
Email:			
Speak	er Bio (max of 100 words):		
gradua	tional History* (Please include academic institution(s), degree(s) earned, and year(s) ated.):  NCERS of the National Association of Board of Examiners of Long Term Care Administrators (NAB)		
	es the above information for all selected speakers as a requisite for program accreditation.		
SESSIC	ON INFORMATION		
	sed Session Title:		
This ti	tle 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.			
Learni	ng Objectives:		
Please outcor explor	include 4 primary learning objectives your session will cover, which outline benefits and mes for the attendee. Learning objectives should start with action words such as: learn, identify, e, obtain, describe, etc. Objectives should be clear and concise, as they will be used for marketing creditation purposes.		
1. 2.			
3.			
4.			
Which	Focus Areas apply to this session?		
	Considerations for Effective Aging Environments		
	Innovative Housing Models		
	Innovations in Design and Planning		
	Aging-in-Place/Universal Design		
	Solutions that Enhance the Human Experience		
	Future-focused models		
	Trends towards Independence and Wellness		
	International Perspectives		

Public/ Private Partnerships



	The Impact of Technology and Product Innovations
	Innovative Projects and Community Programs
	Evidence-Based Design Research Studies/ Reports
	Green Design and Sustainability
	Remodeling and repositioning of existing facilities
	The Continuum of Care
	Dementia and other cognitive challenges
	Other
Marke	eting Language (max 100 words)
	e provide a distilled/edited version of your proposal description. If selected, this description will be as the basis for marketing your session. The description should contain key messages, concepts and
theme	es that best depict your session that will provide potential attendees with a sense of your program ntation.
Please	e indicate the knowledge level to which your presentation is geared:
	Those with limited knowledge of the subject area /are new to the field
	Those with working knowledge of the subject area

#### **ADDITIONAL COMMENTS**

Please add any additional information you wish the reviewers to know (max of 100 words):

Those with advanced knowledge of the subject area

# 2014 Environments for Aging Conference PRESENTATION PROPOSAL SUBMISSION TERMS AND CONDITIONS

Please read the following terms and conditions that apply to speaking at this event. Acceptance of these terms is necessary for your presentation to be considered.

- The onsite presentation will correspond with the original session description
- The presentation contains factual, well rounded perspectives and educational content
- If a product is referenced in the session it is for case study purposes only and contains no sales pitch presentations
- The presentation will be submitted for peer review and acceptance is not guaranteed
- If not accepted, the presentation will be kept on file for future events
- I (we) understand that if accepted:
  - The language submitted in the presentation, including learning objectives, speaker bios, and session descriptions will be used for marketing purposes. Environments for Aging retains the right to edit the text for printed and online programs.



- This presentation is not to be given at any competing conferences in the same year prior to 2014 Environments for Aging conference in order to keep the educational program fresh.
- The presentation may have up to 4 speakers
- Up to TWO speakers per session will receive complimentary full conference passes.
   Additional speakers beyond two will receive discounted full conference registrations at the rate of \$300. The lead (1<sup>st</sup>) speaker and second speaker listed in this proposal will receive the complimentary conferences passes. Additional speakers beyond two will receive discounted full conference registrations at the rate of \$300.
- Speaker Fees cannot be amortized.
- Fees and complimentary codes cannot be transferred and shared.
- Additional discounts cannot be applied to speaker passes.
- Additional fees for workshops, receptions, tours and special events, as noted in registration, are not discountable.
- Cancellation notification must be made in writing to: Jennifer Wilcox
   (<u>iwilcox@healthdesign.org</u>) and are subject to the HEALTHCARE DESIGN Cancellation
   Policy and fees.
- Speaker changes (i.e. new speakers, replacement speakers) must be made in writing to: Jennifer Wilcox (<u>jwilcox@healthdesign.org</u>) and are subject to the HEALTHCARE DESIGN Cancellation Policy and fees.
- Speaker changes (i.e. new speakers, replacement speakers) within 2 weeks of the conference cannot be printed in the onsite program guide but will be made as an update on the EFA Conference Website.
- My (our) session will be provided with the following set up/A/V support—classroom seating, LCD projector, screen and microphone.
- I (we) are responsible for providing laptops/ computers and the presentation at the time of the session
- I (we) are responsible for uploading our session presentation and handouts to a secure website for access by participants approximately two weeks prior to the event.
   (Directions for upload will be provided by staff of the 2014 Environments for Aging Conference)
- If I am (we are) unable to attend the event after the presentation is selected, I (we) will
  provide an alternative speaker(s) to conduct this session and will inform Environments for
  Aging Conference staff accordingly.

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.

I, as an agent of my organization, hereby acknowledge that I have read and agree to the above terms and conditions.



Full Name:	*
Date: *	

#### ROUNDTABLE DISCUSSION CONSIDERATION

Would you like to be considered for a roundtable discussion group leader in your topic area? Please read the following terms and conditions. If you agree to the terms and would like to be considered for a discussion group, please indicate so below.

- Roundtable Discussions are intended to provide attendees the opportunity to take part in interactive programming, to convene with like-minded individuals and focus on specific areas of interest.
- Up to TWO individuals are allowed to serve as the Roundtable Discussion Moderator. If selected, the lead (1<sup>st</sup>) speaker and 2<sup>nd</sup> additional speaker contained in this submission will serve as Roundtable Discussion Moderators
- Moderators are asked NOT to give a formal presentation, but rather act as a moderator to introduce the topic of discussion, provide content and insight about that topic and facilitate productive dialogue.
- Roundtable Discussions will be limited to 45 participants, and they will take place in a more informal, networking-type setting (hollow square room set).
- In keeping with the spirit of a discussion, audio visual equipment will NOT be available in roundtable rooms. A flip chart and easel may be provided. Moderators will have the opportunity to submit electronic files used to create up to 16 pages of handouts to help communicate initial ideas and facilitate discussion
- Yes, please consider this proposal for a discussion group. (By indicating, that I would like this proposal considered for a discussion group, I hereby acknowledge that I have read and agree to the above terms and conditions.)
- No, do not include this presentation for consideration for a discussion group.

### **WEBINAR CONSIDERATION**

Following the 2014 Environments for Aging Conference, The Center for Health Design, in partnership with Vendome Group, will host a series of Webinars throughout the calendar year. Would you be interested in representing your presentation in an online Webinar?

	Yes
П	Nο



# **EDAC (Evidence-based Design Accreditation and Certification) Continuing Education Credit**

base h	is an educational and assessment program that tests individuals on their understanding of how to ealthcare building design decisions on credible research evidence and project evaluation results.
	u want this presentation/roundtable to be available for EDAC Continuing Education Credit?  Yes
	No
proces	please note the percentage of content that relates to the eight steps of the evidence-based design is listed below. A total of 75% content as it relates to some or all of the steps is needed to obtain CEU credit.
1.	Define EBD Goals and Objectives
	Find Sources for Relevant Evidence
	Critically Interpret Relevant Evidence
	Create and Innovate Design Concepts
	Develop a Hypothesis
6.	Collect Baseline Performance Measures
7.	Monitor Implementation of Design and Construction
8.	Measure Post Occupancy Performance Results
Total p	percentage:
(text b	ox)
2014 E	Environments for Aging Conference Virtual Event
In add	ition to for Aging Conference 2014 Environments next April, a 2014 Environments for Aging Virtual
Event	will be offered in the Summer of 2014. Would you like your proposal to be considered for
inclusi	on in the virtual event also?
	Yes
	No

## **SUBMIT**

Please click here to submit your proposal. You will receive an email confirmation shortly