**2024 Northwest Patient Safety Conference**

**Call for Speakers**

**Thank you for applying to present at the conference. Please email all applications to Steve Levy,** [**slevy@qualityhealth.org**](mailto:slevy@qualityhealth.org) **by June 30, 2024.**

If you have questions please contact Steve Levy, slevy@qualityhealth.org, 954-540-3860

**CONFERENCE DATES:**

October 15 - 16, 2024, 8:00 AM – 1:00 PM PST

* **General Session Speakers** will present virtual 60 minute general sessions with submitted Q&A, time permitting.
* **Breakout Speakers** will host virtual 60 minute sessions with audience engagement**.**
* All speakers will receive complimentary registration for the conference and may request a speaker honorarium.

*Process: Conference committee reviews applications and if accepted, speakers will sign and return a Letter of Agreement by August 16 which describes the details of the presentation.*

**Please email all applications to Steve Levy, slevy@qualityhealth.org**

**If you have questions please contact Steve Levy, slevy@qualityhealth.org, 954-540-3860**

## Your name:

## Your email:

***Presentation Details***

*The following questions ask about your presentation title, topics, learning objectives, and audience.*

## Title of Presentation:

## Session description:

1. List 3 learning objectives for this presentation:

*If possible, please provide links to articles, videos, talks or materials that will help the conference committee better understand the topic and expound on the description above.*

1. This session is best suited for someone who is a(n)

*Check all that apply.*

□ Beginner in patient safety topics

□ Intermediate in-patient safety topics and terminology

□ Advanced or expert in patient safety or this particular presentation topic

□ All experience levels

1. Preferred presentation venue (select any or both)

□ General □ Breakout

## Lead Presenter Name □(same as above)

1. Lead Presenter Job Title
2. Lead Presenter Organization
3. Lead Presenter Email □(same as above)
4. Lead Presenter Phone Number
5. Lead Presenter Bio (limit to 175 words or attach with application)
6. Lead Presenter experience or expertise on the presentation topic
7. Do you have any relevant relationships or commercial interests to disclose?
8. Will there be any co-presenters?

□ Yes □ No

## If yes: please list all co-presenters, their email addresses and organizational affiliation, and their experience on the presentation topic:

1. Will you require a speaker honorarium?

□ Yes □ No

1. If there are any recordings of you presenting, will you be willing to provide these to the conference planning committee? Feel free to list the web addresses or locations below.

If not, please provide one reference (name, email, phone) who can validate your expertise or presentation effectiveness.