

**National Association of Activity Professionals  
P.O. Box #3216  
Shawnee, Kansas 66203-0216  
(913) 748-7288  
naap.office@gmail.com <http://naap.info/>**

## ***Call for Papers Speaker Packet***

# ***33<sup>rd</sup> Annual NAAP Conference***

**Daytona Beach, Florida  
April 29 – May 1, 2015**

**Missed deadlines and incomplete applications shall disqualify speakers for consideration. To be considered, this completed packet must be received by November 3, 2014.  
Confirmation of acceptance or denial shall be made after December 1, 2014.**



## INVITATION

You are cordially invited to respond to NAAP's Annual Conference Call for Papers. To be considered for the presentation of an education session at the Annual NAAP Conference, you must complete this packet in its entirety, being careful to follow all the directions.

The Call for Papers offers NAAP members and supportive companies the opportunity to submit written proposals for continuing education sessions to be offered at its Annual Conference. These sessions are open to all conference registrants, and focus on topics and issues affecting providers, residents, and the Activity Profession. You are encouraged to submit an application on any subjects relevant to Activity Professionals in all health care continuums; Independent and Assisted Living, Long Term Care, Adult Day Centers, Memory Care, and Gero-Psych Units/Hospitals.

### **If you are selected as a presenter:**

- ◆ You have the opportunity to impact the Activity Profession;
- ◆ You gain visibility and credibility with hundreds of Activity Professionals, leaders, providers, and members;
- ◆ You receive marketing exposure to numerous national, state, and local associations looking for educated, knowledgeable, and entertaining speakers;
- ◆ You have the opportunity to gain professional exposure to this targeted market; and
- ◆ You have the opportunity to make invaluable contacts while networking with attendees, conference guests, and other presenters.

**If you are NOT selected as a presenter**, your submission may be kept on file for future consideration; however, your handouts will be **DESTROYED**.

If a speaker's session is selected, the speaker will be eligible to register for the NAAP Conference at the discounted rate of **\$150.00**; should there be two speakers at the same session, the second speaker will be eligible to register at the same discounted rate of **\$150.00** (limit to no more than two speakers per session). If three or more of a speaker's sessions are selected, that speaker will receive a full complimentary registration; any additional speaker (speaker must be presenting all three or more of the same sessions) will be eligible to receive a full complimentary registration as well. **ALL SPEAKERS MUST REGISTER FOR CONFERENCE**. This special registration includes all conference activities and functions with the **EXCEPTION** of Tours, Pre-Conference and Post-Conference Sessions and the State/International Contact Meeting. All **SPEAKERS MUST** complete the registration form and send it, with the stated fees for the conference, no LATER than one month prior to the conference, in order to confirm your attendance. **(No Exceptions)**

**Note that NAAP does not pay an honorarium, or reimburse for meals, lodging, or transportation. The NAAP does not reimburse expenses or provide admission to ANY conference activities for family members, assistants, or guests who accompany a speaker.**

## SELECTION OF SPEAKERS

All proposals shall be reviewed and evaluated by a selected committee of NAAP members. Topics and speakers shall be chosen based on the following criteria:

- ◆ Topic must be relevant to activity programming in settings with primarily geriatric clients/focus, or pertain to personal growth and/or professional development;
- ◆ Speaker must be available for Daytona Beach, Florida, April 29 – May 1, 2015;
- ◆ Proposed session(s) must be at least sixty (60) minutes in length;
- ◆ Speakers must have Qualifications/Credentials;
- ◆ Speakers must have Education/Academia Preparation;
- ◆ Speakers must submit a minimum of two written letters of reference;
- ◆ **Applications MUST be fully completed as instructed. The submission format MUST be strictly adhered to – incomplete applications shall automatically disqualify a speaker for consideration;**
- ◆ **Speakers MUST refrain from marketing personal products or services during the presentation;**
- ◆ Speakers should plan their speaking schedule to include a "meet and greet" for session attendees, and allow time following the session to answer the attendees' additional questions;
- ◆ **Speakers MUST dress in a professional manner;** and
- ◆ Chosen session topics **MUST** be the session content at the conference. Changes in content, speakers, or session outlines **are not allowed** due to stringent education approval requirements. **There can be no deviation from the original proposal.** If your proposal is accepted for the 2015 Annual Conference, a written confirmation shall be provided, along with pertinent session date and time information, **after December 1.**



## REPLACEMENT DETAILS

In the event of an illness or emergency, **you must notify** the Professional Development Trustee **IMMEDIATELY**. You shall be responsible for suggesting a qualified substitute speaker to address the group on a similar topic, **subject to NAAP's approval** of the substitute speaker.

## HANDOUT MATERIALS

**NOTE: Handouts will be provided electronically to all conference attendees on the official NAAP website.** Each selected presenter must submit to the NAAP Professional Development Trustee, via email PDF attachment, his/her PDF Handouts for publication on the official NAAP website; [www.naap.info](http://www.naap.info). These handouts will be posted on the NAAP website 2 weeks prior to the National Conference and 2 weeks after the closing session for conference attendees to download. By signing your name to the last page of this "Call for Papers" each presenter is giving his/her permission for his/her PDF Handouts to be posted on the official NAAP website for the above-stated time period.

**TO BE CONSIDERED AS A SPEAKER, YOUR PDF HANDOUTS (Black and White please) – not your PowerPoint - MUST BE SENT WITH THIS APPLICATION. If using PowerPoint for your presentation, please submit the "Handout" version of the presentation ~ not the actual slides. Once again, do not submit color handouts. Thank you.**

**A. I will be using handouts in my session(s)**  Yes  No

**B. Original PDF handouts are included with this submission**  
 Yes  No

I have read the enclosed material; including the speaker expense policy. I understand and agree to comply with the outlined guidelines **and I agree to have my Session or Sessions Audio and/or Videotaped.**

Signature\_\_\_\_\_

Speaker's Credentials\_\_\_\_\_

Date\_\_\_\_\_

You will be receiving a confirmation letter and/or email. Please note that the information you will need for completing your presentation is included.

Please complete, sign, and return the requested information by November 3rd to:

**Anthony F. Vicari EdS, AC-BC, ADC-EDU, CADDCT, CDCM, CDP**  
Professional Development Trustee  
3013 Fern Hollow Court  
Las Vegas, NV 89108  
Cell: (702) 401-3229

**Faxed Submissions will not be accepted**

## SUBMISSION APPLICATION

### Please type the following on all sections of your submission:

**Title of Presentation:** (Limit of 65 characters; it should be descriptive of the content.)

**Program Objectives:** (List the objectives in behavioral terms; specific, solution-oriented learning objectives. The speaker is limited to 1-3 objectives.) Example: "After completion of this session, the learner will be able to... (Begin with an action verb that describes a specific behavior or activity expected of the learner. Examples of action verbs include, but are not limited to: define, describe, list, name, state, demonstrate, administer, write, etc.) Submissions not following these objective guidelines **will not** be accepted.

**Speaker:** Please list your name and credential initials as you want them to appear in the Conference Brochure and Program Book. If there is more than one speaker, list the contact person first.

Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Job Title: \_\_\_\_\_

W Phone: \_\_\_\_\_ H Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**Program Description:** (Limit to 50 words)

Please provide a description of your proposed session, suitable for use in promotional mailings and the Conference Program Brochure and Book. **The Session description and content cannot change once it has been accepted.**

**NAAP reserves the right to change the title of the session to reflect the content and to meet the national guidelines for preapproval (NAAPCC, NCCAP, NAB, UT, etc.).**

### Please remember to type all sections of your submission:

#### Speaker's Credentials:

◆ Attach a **ONE-PAGE** resume, or brief vitae, outlining your credentials and relevant experience. Educational/Academic preparation **must** be included. Please indicate if you have experience in settings primarily geriatric in focus.

#### Speaker Information:

◆ Attach a short introduction about you and the session you will be presenting. The introduction should set the tone of your session. The Session Monitor will utilize this introduction at the beginning of your session. (The introduction is subject to editing by NAAP) **No more than 100 WORDS PLEASE.**

◆ **Provide two written professional references:**

- A. One state association, college, etc. List dates and places where you have presented sessions or taught the specific session contained in this proposal.
- B. One personal reference.

Both references must address the presenter's qualifications, abilities, and effectiveness. References must be typed on a business and/or professional letterhead and should include: name, title, organization/association, complete address, phone number (home and work), and fax number.

**Please remember to type all sections of your submission:**

**Track:** (Check all that apply; please do not automatically check all!)

- Long Term Care  Short Stay/Rehab  Assisted Living
- Alzheimer's/Dementia  Adult Day Services  Sub-acute
- Retirement  Senior Citizen Center  Other (please list) \_\_\_\_\_

**Target Audience:** (Check all that apply.)

- New Activity Professional  Consultant/Educator  5 years experience or less
- 5 years experience or more  Other (please list) \_\_\_\_\_

**Type of Presentation:** (Check all that apply.)

- Lecture  Panel Discussion  Case Study
- Role Playing  Demonstration  Questions and Answers
- Other (please list) \_\_\_\_\_

**Room Arrangements:** (Check all that apply.)

Please indicate preferred meeting room set-up (set-up is determined by room and audience size - specific preferences may not be able to be accommodated and **ARE NOT GUARANTEED**). Speakers are **NOT PERMITTED** to change the meeting room set-up!

- Theatre Style  Classroom Style  Other \_\_\_\_\_

**Audio/Visual Requirements:**

**NAAP will ONLY provide the following equipment in each session:** table, lavalier microphone, LCD projector, and screen. **No other requests shall be honored onsite at your session. Additional equipment must be paid for by the speaker.** Additional Audio/Visual equipment may be ordered through the NAAP Office. A price list can be faxed to you.

**Additional Requests/Special Needs:**

Please indicate whether you have any disabilities or limitations that would require special arrangements. (Give details regarding necessary arrangements.)

***We hope that you will join the many professionals who have shared their expertise, knowledge and experience with our association's members.***

*Should you need more information or have questions, please contact:*

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