



**Canadian Association of Physician Assistants
Association canadienne des adjoints au médecin**



7th Annual National Conference - Continuing Professional Education

Presenters Information Package

Name of Event: **CAPA 7th Annual National Conference**

Date of Event: **26-28 September 2008**

Location: **Citadel Hotel, 1960 Brunswick St, Halifax, Nova Scotia**

CONTACT INFORMATION – IMPORTANT

Name of Presenter: _____

Profession Professional degrees **and title**, as you would like it to appear in the conference program:

Department and/or Place of work as you would like it to appear in the conference program

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code _____

Phone (home): _____ Work: _____ Ext _____

Email (work): _____ Email (home) _____

FAX number: _____

TOPIC:

Include Specialty areas and topic Title (i.e. Orthopedics - Avoiding Pitfall in Skeletal Radiological Interpretation)

BRIEF OVERVIEW OF THE PRESENTATION: (or please attach as a separate word document)

ACTION LIST

In order to produce our documents and manage our logistics we are looking for your cooperation in completing the following items by the time (or earlier) indicated. Many thanks for your help!

COMPLETED	DATE REQUIRED	FORM
<input type="checkbox"/>	UPON RECEIPT	1. Presenters Agreement Form
<input type="checkbox"/>	Please read	2A. Hotel Accommodation (<i>if applicable</i>)
<input type="checkbox"/>	Please read	2B. Travel Arrangements (<i>if applicable</i>)
<input type="checkbox"/>	Please read	2C. Meals (<i>If applicable</i>)
<input type="checkbox"/>	Please read	3. Honorariums (<i>if applicable</i>)
<input type="checkbox"/>	UPON RECEIPT	4. Audio Visual Requirements - Required
<input type="checkbox"/>	15 Aug 08 or earlier	5. Your Final Presentation – for printing in the Proceedings (<i>Power Point Slides or hand-outs</i>).
<input type="checkbox"/>	15 Jun 08 or earlier	6. References and Educational Objectives (necessary for PACC Accreditation of your session).
<input type="checkbox"/>	15 Aug 08 or earlier	7. Biographical Information.
<input type="checkbox"/>		8. Others

How to complete this document:

1. Please print out and fill in the blanks and check the appropriate responses and fax (613) 945-6750 or Email Sheath.GWH@forces.gc.ca , or gsheat1553@rogers.com

Or

2. Save this as a new file with a REVISED file name (using your last name), and send back the appropriate portions as an attachment to an email (note: this documents has macros, use the Tab key to navigate from box to box). Thank you.

1. PRESENTERS AGREEMENT – Required

Speaker: _____

Title of Presentation: _____

Day, Date & Time: (will be provided) _____

Please direct your materials and any questions you may have concerning your presentation to:

Canadian Association of Physician Assistants
HCC, Rm 253A,
1745 Alta Vista Drive,
Ottawa, Ontario
K1A 0K6

or

Fax (613)-945-6750 attn: Gord Sheath

or

Email to SheathGWH@forces.gc.ca. or gsheat1553@rogers.com

Thank you for your participation, we are looking forward to your presentation in Sep 2008.

Terms and Conditions

CAPA shall have the final decision in adopting any rule or regulation deemed necessary prior, during and after the conference.

It is understood that CAPA or its appointed agents have sole discretion in the assignment of presentation time. CAPA reserves the right to alter or change the presentation time at any time if deemed in the best interest of the conference.

CAPA or its appointed agents reserve the right at any time to reject, prohibit, alter or edit presentation any part thereof, including printed materials, if in CAPA's opinion their conduct or presentation is objectionable to other conference participants.

I have read through this entire CAPA Presenters Information Package and I agree to submit all requested materials and information by the designated deadlines stated in the package unless an extension has been agreed to with CAPA

I agree

Signature

Date

2. TRAVEL AND HOTEL ACCOMODATIONS

Please note: Hotel accommodations and travel expenses will be provided for those presenter outside the Halifax. A Professional Service Contract (PSC) will be drafted for presenter approval. The CAPA office will require addition information to complete these contracts (i.e. Social Insurance Number), this additional information will be requested by email after the CAPA office has received the signed Presenters Agreement Form

2A. HOTEL ACCOMMODATION - please read

Citadel Hotel, 1960 Brunswick St, Halifax, NS. 1-902-422-1391

Only the cost of your room + taxes for 1 night to a max of \$150.00 will be covered by CAPA. **You are responsible for your own “incidentals”** (telephone, room service, movies, laundry etc.) CAPA will not reimburse for room-service meals. Presenter will be responsible for booking and paying their Hotel cost and submit the receipt for reimbursement.

2B. TRAVEL ARRANGEMENTS – please read

You are asked to make your own travel arrangements by the most economical means.

Guidelines:

Travel to Ottawa can be via train, bus, car or plane.

Fly: CAPA will pay for return travel Air Canada Tango rates or less

Train fares at the VIA1 level rates will be covered for travel from Quebec and Ontario.

Privately owned Vehicle: CAPA will reimburse mileage (\$.495/km).

Others: reimbursed expenses for parking, airport transfers, shuttles and taxis (not limousines).

2C. MEALS – please read

Presenter will be entitled to meals while traveling and during the day presenting. Meal and Incidental expenses will be in accordance with the Treasury Boards guidelines

Receipts must be submitted with an Invoice (CAPA will provide the invoice format with the required information as outlined in the PSC

3. Honorarium

CAPA will not be providing honorariums.

4. AUDIO VISUAL REQUIREMENTS – Required August 15, 2008 or Earlier

Speaker _____

Date of Presentation _____

I will not require any audio visual equipment

I will require audio visual equipment. Please check off the necessary AV equipment

that you will require. Please note that equipment is very costly and we ask that you only request that equipment which you absolutely need.

- | | |
|----------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Podium Microphone | <input type="checkbox"/> Flip Charts |
| <input type="checkbox"/> Lapel Microphone | <input type="checkbox"/> Electric Pointer |
| <input type="checkbox"/> Hand-Held Microphone | <input type="checkbox"/> VCR with Monitor |
| <input type="checkbox"/> Table Top Microphone | <input type="checkbox"/> Computer equipment - provide details |
| <input type="checkbox"/> Standing (aisle) Microphone | <input type="checkbox"/> 35 mm Slide Projector |
| <input type="checkbox"/> LCD projector (Data projector) | <input type="checkbox"/> Carousel Magazine for 35 mm Slides |
| <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Others <input type="text"/> |

If a LCD (data) projector is required is sound output required?

Yes No

LAPTOPS: CAPA will have available a laptop for your session. However we **encourage you** to bring your own computer equipment to limit the potential problems from incompatibility and viruses. Please contact us directly if you think you will need to borrow a laptop for your session. Thank you.

5. YOUR FINAL PRESENTATION – Required August 15, 2008 OR Earlier

Please note: We would be happy to receive this information electronically by email. Email: Sheath.GWH@forces.gc.ca. **Please insure it is in MS Word, MS PowerPoint or plain text. Thank you.**

Handouts are mandatory. They enhance the quality of our educational programs. We will be creating a bound booklet of these handouts to be distributed at the beginning of the conference.

Please submit a copy of your handout electronically in one of the following formats: MS Word, PowerPoint or Plain Text (PC compatible). Please insure your presentation is formatted to an 8.5" x 11" page, with one-inch margins and using at least 11-point text. Please submit by **15 Aug 2008**. It is necessary for us to receive your handout by this date in order to meet our printing and shipping deadlines. **Any presentations received after this date are not guaranteed to be in the bound proceedings** and in that case we will require a Master Copy so that we can prepare copies to be distributed on-site as an addendum to the conference proceedings. Thank you.

Speaker _____

Title of Presentation _____

I am forwarding my presentation by email by 01 August 07

I will not be using handouts with my presentation. (If you are not preparing Handouts we will require a copy of your slides. If you are not preparing slides or a Power point presentation, you are asked to prepare a summary of your presentation listing three to four critical or Key points, Length 75 - 200 words).

6. REFERENCES & EDUCATIONAL OBJECTIVES – Required 15 Jun 2008, or Earlier

Please note: We would be happy to receive this information electronically by email. Email: Sheath.GWH@forces.gc.ca. **Please insure it is in MS Word or plain text.** *Thank you.*

Please provide **references** (this is a mandatory requirement for CPE) and ***no less than*** three educational objectives for your presentation Thank you.

References:

1.

2.

3.

Educational Objectives:

At the conclusion of this presentation, participants will be able to:

1.

2.

3.

7. BIOGRAPHICAL INFORMATION – Required 15 August 2007 OR Earlier

Please note: We would be happy to receive this information electronically by email. Email: Sheath.GWH@forces.gc.ca. **Please insure it is in MS Word or plain text.** *Thank you.*

Please submit a **one or two paragraph** biographical sketch that can be used to make introductory remarks about you prior to your presentation. This information will also be used in the Conference Program provided to all delegates,

BIOGRAPHICAL INFORMATION (please attach as a word document)

8. Others – please specify other requirements or comments

For CAPA office:

Date Received _____

Distributed date to CPD mbrs: _____

CPE Hours _____

approved: _____

Date Approved _____

Presenter informed _____

Comments: _____