



# BCCPA 2017 Annual Conference:

May 28 – 31, 2017 | Whistler, British Columbia

## Call for Presenters

---

### **About the Conference:**

The BC Care Providers Association (BCCPA) 40<sup>th</sup> Annual Conference is being held on May 28 – 31<sup>st</sup>, 2017 at the Fairmont Chateau in Whistler, British Columbia. Our 2016 conference was a great success with over 450 delegates attending the event including key health care experts such as Dr. David Sheard of Dementia Care Matters in the UK, as well as Dr. Samir Sinha, Director of Geriatrics at Mount Sinai and the UHN Hospital. This is a must attend event for the continuing care sector and its stakeholders!

The overall theme of the conference is **Providing 40 Years of C.A.R.E: Collaboration, Achievement, Research, and Excellence**. Presentations will be organized into several streams, including Residential Care, Workplace Health & Safety, and a Mixed Stream (Home Care/Support, Assisted Living, and Faith-Based Care).

### **Presentation Proposal**

We invite you to submit an abstract of what you propose to share with conference attendees. Presentations are allotted 45 – 60 minutes of presentation time. You may submit more than one proposal and presentations may take the form of a panel discussion or workshop session. Other formats may also be considered. Please indicate what stream best represents your presentation (i.e. Residential Care, Home Care/Support, Workplace Health & Safety etc.). Please outline how you will ensure that your presentation is interactive and engaging, as well as what the learning objectives will be for conference delegates.

### **Abstract Proposal Due – January 16, 2017**

Please submit your abstract proposal and speaker information by no later than **January 16, 2017** to Michael Kary, Director of Policy & Research, at [michael@bccare.ca](mailto:michael@bccare.ca).

### **Presentation Materials Due – May 1, 2017**

Please send the final version of your presentation via email to Lara Croll at [lara@bccare.ca](mailto:lara@bccare.ca) by **May 1, 2017**; alternatively, large files, including videos, may be sent via Dropbox or WeTransfer. Presentations, as well as additional materials, will be made available to conference delegates in advance through the BCCPA's conference app. The BCCPA also requires you to bring all presentation materials on a USB drive as a back-up. We prefer that you use our conference laptop for your presentation to reduce the risk of technical problems.



## Conference Registration

If an abstract proposal is accepted, individuals agree to register for the Conference. Conference speakers will be eligible for the discounted Speaker rate of \$640 (regular \$1540). Substitutions for presenters can be made at any time by emailing [cathy@bccare.ca](mailto:cathy@bccare.ca).

## Out-of-pocket Expenses & Hotel Accommodation

The BCCPA is unable to cover expenses for those presenting at the conference, such as those expenses for delegate fees, developing handouts, travel, or accommodation. However, the BCCPA pleased to be able to provide our speakers with deeply discounted accommodation rates at the Fairmont Chateau in Whistler, which can be accessed [here](#). Please ensure to book your hotel accommodation well in advance, as rooms in Whistler fill up quickly.

If you should require assistance booking your hotel, please contact Cathy Szmaus, Manager of Events and Administration, at [cathy@bccare.ca](mailto:cathy@bccare.ca).

## Questions should be Directed to:

### Michael Kary

Director of Policy and Research  
BC Care Providers Association  
Email: [michael@bccare.ca](mailto:michael@bccare.ca)  
Tel: (604) 736 4233 ext 228

### Cathy Szmaus

Manager of Events and Administration  
BC Care Providers Association  
Email: [cathy@bccare.ca](mailto:cathy@bccare.ca)  
Tel: (604) 736 4233 ext 226

## Important Dates

Abstract Submission Deadline:	January 16, 2017
Conference Registration Opens:	February 1, 2017
Early Bird Registration Deadline:	March 31, 2017
Presentation Materials Due:	May 1, 2017

## Presentation Proposal

<b>PRESENTATION TITLE (15 WORDS OR LESS):</b>	
<b>STREAM</b> <i>(please choose topic stream that best describes your presentation)</i>	<input type="checkbox"/> Residential Care <input type="checkbox"/> Home Support/ Care <input type="checkbox"/> Workplace Health and Safety <input type="checkbox"/> Other <i>(please specify)</i> :
<b>TYPE</b>	<input type="checkbox"/> Workshop <input type="checkbox"/> Panel <input type="checkbox"/> Other <i>(please specify)</i> :
<b>ABSTRACT (Max 350 Words)</b> Please clearly outline the topic of your presentation, including: <ul style="list-style-type: none"> <li>• Target audience</li> <li>• Challenge/ issue being addressed</li> <li>• Interest/relevance to the continuing care sector now</li> <li>• How your presentation addresses this issue</li> <li>• Empirical evidence (qualitative and quantitative)</li> <li>• Future directions/ expected outcomes</li> <li>• How your presentation ties into the theme of the conference</li> </ul>	
<i>Continues on next page...</i>	

**LEARNING OBJECTIVES / TAKE AWAYS**

*Please indicate the learning objectives for your presentation, including (where applicable):*

- *Specific statistics, concepts, or definitions*
- *Competencies and Skills*
- *Implications for practice*
- *Implications for policy or research*
- *Lessons learned and future directions*

**ENGAGING / INTERACTIVE ELEMENTS**

*Please outline how your presentation will create an interactive and engaging experience for conference delegates. Please outline if and how you intend to use:*

- *Videos or Visual Storytelling*
- *Interactive Polling, Quizzes, or Contests*
- *Icebreaker activities*
- *Breakaway activities or group discussions*
- *Practical Demonstrations*
- *Interactive or Engaging Presentation Styles (e.g. PechaKucha etc.)*
- *Handouts or Templates*

**REFERENCES**

*Please include appropriate sources and references.*



## Speaker Information

<b>A. INFORMATION FOR THE CONFERENCE PROGRAM</b>
--

<b>SPEAKER 1</b>	
<b>NAME</b>	
<b>WORK TITLE</b>	
<b>AFFILIATION / COMPANY</b>	
<b>ADDRESS</b>	
<b>EMAIL</b>	
<b>PHONE</b>	
<b>WEBSITE</b> <i>(if applicable)</i>	
<b>TWITTER HANDLE</b> <i>(if applicable)</i>	
<b>SPEAKER BIOGRAPHY</b> <i>(note: 150 words max)</i>	
<b>COLOUR HEADSHOT</b> <i>(Jpeg or PNG)</i>	<i>Please submit a high resolution professional headshop with your application.</i>

<b>SPEAKER 2</b>	
<b>NAME</b>	
<b>WORK TITLE</b>	
<b>AFFILIATION / COMPANY</b>	
<b>ADDRESS</b>	
<b>EMAIL</b>	
<b>PHONE</b>	
<b>WEBSITE</b> <i>(if applicable)</i>	
<b>TWITTER HANDLE</b> <i>(if applicable)</i>	
<b>SPEAKER BIOGRAPHY</b> <i>(note: 150 words max)</i>	
<b>COLOUR HEADSHOT</b> <i>(Jpeg or PNG)</i>	<i>Please submit a high resolution professional headshot with your application.</i>

<b>SPEAKER 3</b>	
<b>NAME</b>	
<b>WORK TITLE</b>	
<b>AFFILIATION / COMPANY</b>	
<b>ADDRESS</b>	
<b>EMAIL</b>	
<b>PHONE</b>	
<b>WEBSITE</b> <i>(if applicable)</i>	
<b>TWITTER HANDLE</b> <i>(if applicable)</i>	
<b>SPEAKER BIOGRAPHY</b> <i>(note: 150 words max)</i>	
<b>COLOUR HEADSHOT</b> <i>(Jpeg or PNG)</i>	<i>Please submit a high resolution professional headshot with your application.</i>



<b>SPEAKER 4</b>	
<b>NAME</b>	
<b>WORK TITLE</b>	
<b>AFFILIATION / COMPANY</b>	
<b>ADDRESS</b>	
<b>EMAIL</b>	
<b>PHONE</b>	
<b>WEBSITE</b> <i>(if applicable)</i>	
<b>TWITTER HANDLE</b> <i>(if applicable)</i>	
<b>SPEAKER BIOGRAPHY</b> <i>(note: 150 words max)</i>	
<b>COLOUR HEADSHOT</b> <i>(Jpeg or PNG)</i>	<i>Please submit a high resolution professional headshot with your application.</i>

## B. AUDIO/ VISUALS

Each session will be equipped with:

- a projector
- screen
- podium with microphone
- speakers for audio
- laptop

Please check if you will also require  
(*subject to availability*):

- Lapel microphone
- Flip Chart
- Access to Internet
- Other (please specify): \_\_\_\_\_



## Speaker Code of Conduct & Agreement Form

The BCCPA follows and maintains professional guidelines to ensure that its program maintains a high standard of quality. All presenters will sign and return this agreement to the BCCPA. By signing the following, you confirm that you have read and understood the following Speaker Code of Conduct.

<b>PRESENTATION TITLE:</b>	
<p>I agree that:</p> <ul style="list-style-type: none"> <li>➤ My presentation is planned to achieve the outcomes expressed as learning objectives in my proposal.</li> <li>➤ My presentation is educational in nature, and is valid, non-biased, and evidence based.</li> <li>➤ I will refrain from promoting products and services in my presentation.</li> <li>➤ I acknowledge I have obtained the appropriate copyright permission for all material used in my presentation, and will not violate any copyright, propriety rights or personal rights of others.</li> <li>➤ I acknowledge that the materials, including photographs, used in my presentation will not identify, by name or otherwise, suggest the identify of, or present a recognizable likeness of any patient/resident/clients or others; or, if they do so, I have all the necessary consents from patients/residents/clients and others for the further use, distribution and publication of such materials.</li> <li>➤ I will ensure that all slides and other handout material will contain generic names whenever possible, unless there is no practical alternative.</li> <li>➤ My presentation will not contain any false or misleading statements regarding any products or services or include materials that are slanderous, libelous or otherwise illegal, offensive and/or inappropriate.</li> <li>➤ I will refrain from making any statements regarding other health care professionals, companies, organizations, and so on that are anticompetitive, slanderous, libelous or otherwise illegal, offensive, unprofessional and/or inappropriate.</li> <li>➤ The presentation materials I provide may be distributed to delegates.</li> <li>➤ My presentation may be recorded or photographed by the BCCPA for non-commercial purposes.</li> <li>➤ The presentation version submitted to the BCCPA will be the same as the one presented at the session, unless I get prior BCCPA permission for any change.</li> </ul>	
<b>NAME:</b>	
<b>SIGNATURE:</b>	
<b>DATE:</b>	

Please return this form to [lara@bccare.ca](mailto:lara@bccare.ca)