

APPLICATION TO PRESENT

30th Annual Healthcare Marketing & Physician Strategies Summit • April 30-May 2, 2025

PRIMARY CONTACT INFORMATION (all communications will be sent to the primary contact)

Name		
Title	Organization	
Address		
City	State	Zip
Phone	Email	

CO-PRESENTERS

Name	Title
Organization	Address, City, State Zip
Phone	Email
Name	Title
Organization	Address, City, State Zip
Phone	Email

Presentation Format (please check one)

- Strategy Session (60-minute concurrent session)
- Case Study (60-minute concurrent session)
- Panel Discussion (60-minute concurrent session)
- Half Day Workshop (2-hour interactive Pre-Summit or Post-Summit Workshop)

Presentation Level (please check one)

- Basic
- Intermediate
- Advanced

Presentation Track/Category

(Please check the most applicable category)

- Market Strategy & Innovation
- Communication Strategies
- Interactive & Digital Strategies
- Data Strategies
- Engagement & Experience
- Physician Relations/Physician Strategies

Enclosure Check List

To be considered, you must attach the following:

- ✓ Proposal Title Page with session title and contact information for all presenters (name, title, organization, address, phone, email)
- ✓ 50–75-word abstract of presentation
- ✓ 3–5 learning objectives
- ✓ Description of your employer organization(s)
- ✓ Biographical briefs for all presenters

Handouts

All presenters are **required** to provide an electronic copy of their PowerPoint (PPT), which will be posted for attendees to access/print prior to the Summit. **PPTs MUST be received by March 25, 2025. If not received by that date, we reserve the right to cancel the session.**

Discounted Conference Fee

Faculty will receive an Early Bird discounted registration fee of \$495 if registration is received by 1/31/25 (\$595 if received after 1/31/25) and \$75 optional registration fee for the Pre-Summit Strategy Sessions. All other expenses are the responsibility of the individual.

AFFIRMATION OF COMMITMENT (signature of primary contact required)

If the proposal is accepted, I agree on behalf of myself and my co-presenters to meet all deadlines established by the Summit sponsor, the Forum for Healthcare Strategists. I agree not to change content or presenters without the express written consent of the Forum. I agree that I will not present the session at another conference or as a webinar or podcast prior to the 2025 Summit. I understand that I am responsible for all costs of the presentation, including travel, hotel, per diem, and the \$495 Early Registration Fee (before 1/31/25) or \$595 Regular Registration Fee (after 1/31/25) registration fee and \$75 optional registration fee for the Pre-Summit Strategy Sessions. I grant the Forum the right to record and distribute the presentation and handouts, for profit or otherwise.

Signature of Primary Contact _____ Date _____

Apply online at healthcarestrategy.com/summit/HMPS25-Call-for-Speakers or return application with all required enclosures to david.reczynski@healthcarestrategy.com. **Apply by September 6, 2024.** If you have questions, please call 312-440-9080, ext. 4.

IMPORTANT: Have you given, or will you be giving, this presentation at another educational conference OR as a webinar or podcast?

Yes No If yes, where and when? _____