

2007 Annual Health Summit of Minority Communities

August 22- 24, 2007

Sheraton Music City Hotel

Nashville, Tennessee

“Reclaiming a Legacy of Healthy Communities: The Time is Now!”

PRESENTER PROPOSAL FORM

Instructions: Please complete all of the appropriate parts of this form. Proposals may be mailed, faxed, or sent electronically (Microsoft Word). Submissions must be received by **Friday, August 03, 2007**, to be included in the **Summit Proceeding Manual**.

****PLEASE SUBMIT A COPY OF YOUR BIOGRAPHICAL SKETCH, RESUME, AND ABSTRACT OF YOUR PRESENTATION WITH THIS FORM****

<u>Track Session</u> <input type="checkbox"/> HIV/AIDS Institute <input type="checkbox"/> Social Action Training <input type="checkbox"/> Health & Social Justice	<u>Session Type</u> <input type="checkbox"/> Keynote <input type="checkbox"/> Plenary <input type="checkbox"/> Youth Summit <input type="checkbox"/> Entertainment
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NAME _____ **TITLE** _____

Session Title: _____

Goals and Specific Learning Objectives of the Session

Description of the Issue to be Addressed and How it Relates to the Summit Theme

A Brief Description of Your Session

Please list name, email, and phone number of your contact person, this person will be contacted for further information.

NAME _____ **TELEPHONE** _____

E-MAIL _____ **FAX** _____

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EQUIPMENT REQUEST FORM

Please complete this form for the equipment required for your workshop/presentation no later than Friday August 3, 2007.

Presenter: _____ Title: _____

Address: _____ Suite/Room No.: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail: _____

Audiovisual Equipment:

Podium _____ Table _____ Easel _____ Pointer _____
Slide Projector _____ Overhead Projector _____ LCD Projector _____ Projector Screen _____
Television _____ Microphone _____ CD Player _____

Computer Equipment:

Notebook Computer (PC or Mac) _____

Software: (Please indicate version of software required)

MS Word _____ WordPerfect _____ Corel Draw _____ MS Works _____ MS Excel _____

Quattro Pro _____ Mac Write _____ Other _____

Materials: *(Please indicate quantity)*

White Board Markers and Eraser _____

Pens _____

Pencils _____

Stapler _____

Tape _____

Paper _____

Please feel free to give us a call if you have any questions regarding equipment for your presentation

Special Requests and/or Comments:

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PRESENTER'S FORM

Name _____ Title _____

Organization _____

Address _____ Suite/Room No _____

City _____ State _____ Zip _____

Telephone _____ Cell _____ Fax _____

E-Mail _____

Social Security or TIN number _____ *Required for payment by State of TN policy.

TRAVEL ARRANGEMENTS

ARRIVAL (Please Check Mode of Transportation) Air _____ Car _____ Other _____

Initial Point of Departure to Summit _____

Arrival Date _____ Arrival Time _____

Airline Preference _____ Seating Preference _____

DEPARTURE

Departure Date _____ Departure Time _____

For Air Travel:

Tickets should be mailed to: Name _____

Address _____

Will you accept a non-refundable ticket? Yes _____ No _____

HOTEL PREFERENCES:

Smoking _____ Non-Smoking _____ Floor Preference _____

1 King-size Bed _____ 2 Double Beds _____

All information must be returned by Friday August 3, 2007 to:

Dr. Darlene Jenkins

Division of Minority Health Disparity Eliminations Health Services

425 5th Avenue North

Cordell Hull Building, 3rd Floor

Nashville, TN 37243

615.741.9443 or Fax 615.253.8830

Darlene.Jenkins@state.tn.us

Information may also be uploaded and emailed from our website:

<http://health.state.tn.us/dmhde/summit.shtml#nogo>