

## Call for Workshop Presentations --- Proposal Guide

Sponsored annually by the Alzheimer's Association Wisconsin Chapter Network, this two-day conference attracts nearly 800 professional and family care providers. The audience includes nurses, CNAs, social workers, therapists, adult day care staff, administrators, physicians, home health care providers, family caregivers and persons with dementia.

**WORKSHOP FORMAT:** Each workshop session is 75 minutes in length. Workshops may be panel discussions, team presentations or presented by a single trainer. No more than three (3) presenters per session will be allowed.

<b>WORKSHOP TRACKS</b>	
<b>RESEARCH, SCIENCE, BRAIN HEALTH, POLICY</b>	<b>CARE &amp; SUPPORT</b>
<p><b>Current Research Studies</b></p> <p><b>Clinical Trials</b></p> <p><b>Care Model Research</b></p> <p><b>Scientific Advancements</b></p> <p><b>Socialization</b></p> <p><b>Exercise &amp; Health</b></p> <p><b>Wisconsin's Dementia Care</b></p> <p><b>Redesign Plan</b></p> <p><b>Dementia Friendly Communities</b></p>	<p><b>Behavioral Challenges . . .</b> Hostility, sexuality, communication strategies, cultural issues, depression, pharmacological and non-pharmacological approaches.</p> <p><b>Family Issues . . .</b> Relationships, family challenges, home environments, pets, connecting support and medical systems, communication, spirituality, caregiver support, driving concerns, financial and legal issues, assessing care level needs.</p> <p><b>Care Strategies Relative to Dementia . . .</b> Individuals living with Down Syndrome, Young onset, early stage, late stage and co-occurring morbidities and conditions, person-centered care, end of life issues and palliative care.</p> <p><b>Related Dementias . . .</b> Lewy Body, Frontotemporal Degeneration, Vascular dementia, Korsakoff's Syndrome.</p> <p><b>Environmental Aspects . . .</b> environmental enhancements to care, safety issues.</p> <p><b>Nutrition . . .</b> Healthy lifestyles, evidence-based findings on nutrition and exercise.</p> <p><b>Creative engagement . . .</b> music, art, dance and other programming.</p> <p><b>Social Programming . . .</b> Recreation, music, and pet therapies.</p> <p><b>Ethics &amp; Legal Issues . . .</b> Driving issues, accessing long-term care, artificial nutrition &amp; hydration, diagnostic disclosure, pets, financial and legal decisions.</p> <p><b>Staff &amp; Caregiver Support . . .</b> support groups, community resources, hospice, transportation respite services, training, cultural sensitivity, communication strategies and responsibility.</p> <p><b>Underserved Communities . . .</b> Native Americans, African Americans, Latinos, Hispanic Americans, LGBT, IDD, and rural and remote populations.</p> <p>Other</p>

## **WORKSHOP SELECTION PROCESS**

Proposals are reviewed by the conference planning committee. A complimentary conference registration waiver will be granted to each approved workshop presenter (limit of 3). Travel and lodging expenses are the speaker's responsibility.

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### **To Submit a Proposal**

1. **The Workshop Proposal Cover Sheet (See Page 2) must be included with your proposal narrative.**
2. **E-mail proposal NO LATER than November 26th, 2018 to Wendy Betley email: [wbetley@alz.org](mailto:wbetley@alz.org)**
3. For information, contact the Alzheimer's Association chapter office near you or 1.800.272.3900.

**WORKSHOP PROPOSAL COVER SHEET**

Include this cover sheet with your workshop proposal. **Your proposal must be received by November 26<sup>th</sup>, 2018.**

**Presenter Information:** (Please list additional presenters on an attached sheet – include complete contact information for each – no more than three, please. The presenter listed here will be the key contact for the group.)

Lead Presenter: \_\_\_\_\_  I am the only workshop presenter  
 Title: \_\_\_\_\_  There are add'l presenters – attach names and email addresses for each presenter.

Organization: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**WORKSHOP TITLE** \_\_\_\_\_

**Workshop Focus:** (Select one. See proposal guide.)  Care & Support  Research, Science, Brain Health & Policy

**Identify your session** (Help us identify level of knowledge needed Check all that apply.)

- Entry / Basic Level** – For persons new to Alzheimer’s care who are looking for basic information about the disease and appropriate care strategies.
- Technical** – For persons who have a basic knowledge of Alzheimer’s disease and care.
- Advanced Level** For persons who have been practicing dementia care for many years and are looking for more than basic information.

**Identify your target audience** (Help us identify your target audience(s). Check all that apply.)

- RN, clinical care team, memory clinic team – Family Caregiver, Social worker, care manager**
- Recreation/occupational therapist, Activities staff, Dietary/wellness staff/ direct care staff**
- Alzheimer’s Association staff, education coordinators, Director/administrative level**
- County/State providers, Managed Care Organizations, Professional caregiver, Volunteer**
- Person with Dementia**

**Workshop Length:**  This workshop can be offered in one, 75-minute session.  
 I/we would be willing to repeat this session, if requested.

**Preferred Presentation Date:**  Monday, May 20  Tuesday, May 21  No Preference

**Please address these questions on a separate sheet of paper. Limit responses to two (2) additional pages.**

1. Complete description of your workshop. (Limit 500 words) **\*\*\*NOTE: We ask that all proposals recognize DIVERSITY and INCLUSIVENESS. ‘Hands-on’ sessions are encouraged. Our goal is to include discussions that ‘meet varying needs.’\*\*\***
2. Identify 2-3 learning objectives. What will attendees learn by participating in this session?
3. A concise session description (limit 100 words) to be used in the conference program and website. Your title should be short and concise and provide a clear description of what your session will cover.
4. Speaker’s credentials – For each speaker, please include email address, current job responsibilities, education including school attended and any qualifying experience.

5. If you have not previously presented at our conference, please provide two or three names of persons who have participated in your presentations as references. Include name, organization, phone number and email address.

**Submit completed cover sheet, and attachments, by Wednesday, November 26th, 2018, to:  
Wendy Betley at [wbetley@alz.org](mailto:wbetley@alz.org) (414.479.8800) Fax: 414.479.8819 or mailed to:**

Alzheimer's Association, Attn: State Conference, 620 S. 76<sup>th</sup> Street, Suite 160, Milwaukee, WI 53214

**All proposal applicants will be notified by December 21st, 2018.**