



**2017 AAHCM Annual Conference Pre-Conference  
Session Submission Form**

Thank you for your interest in speaking at the 2017 Annual Conference. Please complete the form below and email it by **March 17, 2017** along with your CV to Dawn Herman, Director of Professional Development at [dherman@aaahcm.org](mailto:dherman@aaahcm.org).

**Name** (Please Print): \_\_\_\_\_

*If multiple speakers, please include their names and email address*

**Email Address:** \_\_\_\_\_

**Session Type:**

Pre-Conference Session

**Session Title:** \_\_\_\_\_

**Session Description**

**Briefly outline session objective(s) and/or provide an outline for the session**

**Briefly describe your clinical practice and/or experience on this topic.**

***Please list your speaking experience.***

**Target Audience:** (Select all that apply)

- Geriatrics
- Primary Care Providers
- Internist
- Family Physicians
- Nurse Practitioners
- Physician Assistants
- Social Workers
- Pharmacists
- Practice Administrators

**Briefly describe your practice experience:**

**Speaking Experience:**

Do you have speaking experience at 2 or more regional or national conferences?

- Yes
- No

**Please list which conferences, topic and the year:**