

Speaker Presentation Application

Mental Health KC Conference Friday, May 1, 2020

8:30am – 4pm

Cerner Innovation Campus

8779 Hillcrest Rd, Kansas City, MO 64138

# [www.mentalhealthkc.org](http://www.mentalhealthkc.org/)

Sponsored by:



## Presentation Proposal Overview

Coordinated by the Metro Council of Community Behavioral Health Centers and hosted by Cerner, this year’s Mental Health Awareness Conference theme is “Wellness.”

The purpose of this event is to offer community education and to create awareness about mental health in our community. In recent years, we have noticed a specific need for education surrounding wellness, mental health in the workplace and suicide awareness and prevention. As efforts are increased to educate our community, we are seeking professionals who are willing to contribute to this event by speaking on behavioral health and wellness topics for which they are experts.

**Attendees for this conference will include:**

* Human Resources Professionals
* Corporate Employers/Employees
* Community Health Leaders
* Practitioners
* Health and Social Services Providers
* General Kansas City Business Community

**Speaker information:**

1. This application serves to identify dynamic, knowledgeable speakers and topic facilitators for the 2020 conference.
2. This conference seeks to offer a diverse track of speakers to lead breakout sessions that cover a wide range of topics surrounding behavioral health.
3. Conference planners intend for attendees to receive current industry leading, best practice approaches to affect change in their life and in the lives of others.
4. The conference will consist of a keynote speaker to start the day followed by breakout sessions.
5. The length of session varies and can be noted in the application.
6. The average number of attendees per session is 50.
7. Computer/AV equipment is provided for each breakout session.

## **Presenter Contact Information**

First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presenter Biography** (150 Word Max):

**Presenter Headshot:** If selected as a presenter, you will be asked to submit a headshot to be used on the event website and other media platforms.

Do you CONSENT for the Mental Health KC event organizers to use your photo in this manner?

\_\_\_\_\_Yes \_\_\_\_\_No

Have you presented on this topic before: \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please answer the following questions below.

For Whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presentation Proposal**

**Presentation Title:**

**Preferred Presentation Length (please check all that apply):**

* **60 minutes**
* **90 minutes**
* **120 minutes**

**Presentation Abstract (250 Words Max – Attach Separate Sheet If Necessary):**

**Learning Objectives:**

**#1:**

**#2:**

**#3:**

**Three keywords that best describe the focus of your presentation:**

**#1:**

**#2:**

**#3:**

 **Speaker Disclosure Statement**

I have no conflict of interest with the Metro Council regarding my presentation or presenting at this conference. **I understand that my learning session is not a showcase for promotion of my business, practice, or product.** I acknowledge that Metro Council has the rights to utilize the information in marketing the breakout sessions if I am selected to be a presenter. If selected to present at the Mental Health KC Conference, I will supply a copy of the Power Point presentation to Metro Council along with a professional photo (jpg, pdf) within 30 DAYS of notification.

I hereby acknowledge the above statement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

## **Questions**

If you have questions about this application or the event please contact Jenna Harper, Truman Medical Centers – Behavioral Health via email at jenna.harper@tmcmed.org.