

**Florida Health Care
Activity Coordinators Association**

**Call for Papers for 2012 – 38th Annual Conference
“Activities, the Next Generation”
Jacksonville, Florida**

Submitted by Judy Skilton, B.S., A.C.C.
Professional Development Chair

The Florida Health Care Activity Coordinators Association will hold our annual conference beginning Sunday, July 22nd through Wednesday, July 25th, 2012.

Our goal is to offer quality educational sessions that will provide personal and professional development. We are currently seeking speakers for this conference. We encourage you to submit papers on any subject that would be relevant to Activity Professionals and Assistants. Specifically we are looking for topics which address activities for S.N.F.'s, A.L.F.'s, professionalism and ethics, caring for yourself – taking care of the Activity Professional, alternative lifestyles, volunteer recruitment and retention, team building, brain fitness, technology, how to work with mental illness, depression, MS, Parkinson's and other diagnosis, working with special populations, programming ideas – all levels of functioning, quality of life, music, the arts and culture change topics.

Please submit papers for this conference to:

Judy Skilton, ACC
C/o Health Central Park
411 N. Dillard Street, Winter Garden, FL 34787
Email: judy.skilton@healthcentral.org
Phone: 407-296-1656

All papers must be received by no later than **January 31, 2012**. All papers must contain **all** of the following information.

The following information must be included in your submission:

1. The title of your session. This should be limited to ten words or less.
2. Program objectives: List objectives in behavioral terms, limit four (4) objectives or less. For example; by attending this session the participant . . . and fill in the blank.
3. A short introduction for your presentation, forty-five (45) words or less. The introduction should set the tone of your presentation and give a summary of who you are. The session monitor will utilize this introduction at the start of your presentation.
4. Please attach a current resume for each speaker.
5. Please attach a short description of your session for use in promotional materials.
6. Please include original handouts. We will be happy to make copies of four (4) pages to hand to each attendee. Please note that these are four (4) pages back to back for a total of eight (8) sides. Should you have more than four (4) separate pages to your handouts then the additional pages become the responsibility of the speaker. **Should you not** submit handouts with this packet then the responsibility to make and have copies available for your session become the speaker's responsibility.
7. Please provide two letters of reference from people who know your skill and knowledge of this area and/or as a professional speaker. Letters of reference are not needed if you have spoken for F.H.C.A.C.A. within the past five (5) years.
8. Please be sure that your packet is completely filled out.

For your information:

Audio /Visual Requirements: FHCACA will provide only the following equipment in each session: table, Lavalier, microphone, screen. **No other requests will be honored on site at your session. Additional equipment must be paid for by the speaker. Additional** Audio /Visual equipment may be ordered through FHCACA Professional Development. Contact Judy Skilton directly and a price will be faxed to you. **Please check off the equipment you need:** _____ Lavalier microphone, _____ overhead projector (the type used with transparencies), _____ screen. Only the equipment checked will be ordered for your use.

Room Arrangements: Please indicate preferred meeting room set-up (set-up is determined by room and audience size. Specific preferences may not be able to be accommodated and are not guaranteed. Speakers are not permitted to change the meeting room set-up!

_____ Theatre Style _____ Classroom Style _____ Other

Additional Request/Special Needs:

Please indicate whether you have any disabilities or limitations that would require special arrangement. Give details regarding necessary arrangements.

Please detach and complete the following with your submission.

Target Audience (Check all that apply)

- _____ Activity Director 5 years or more
- _____ Activity Director 5 years or less
- _____ Activity Assistant
- _____ Activity Consultant
- _____ Other:

Check all that apply to you

- _____ Educator
- _____ Activity Director
- _____ Professional: _____
- _____ Activity Consultant

Length of Session:

_____ 60 minutes _____ 90 minutes _____ 120 minutes

Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Work Phone and Extension: _____

Home Phone: _____

Fax Number: _____

Email Address: _____