**Webinar Abstract Submission Form**

*Form updated Sept. 2016*

**Proposed Date of Webinar:**

**Proposed Time of Webinar (include time zone):**

**Session Title** (60-character maximum)

**Session Description** (200-word maximum; identify your audience and explain how your session will benefit attendees; and list 3 to 5 learning objectives below the description)

**Learning Objectives**

**Speaker’s Name** (with credentials)

**Additional Speakers’ Names\*** (with credentials)

**Bio(s)** (100-word maximum description of speaker background/qualifications for giving this presentation)

**Headshot** (Please submit a high-resolution, 300 dpi or higher, headshot photo via email along with your abstract form)

**Contact Information**

Job Title:

Organization/Business/Employer:

Business Phone:

Cell Phone (for onsite only):

Email Address:

**\*Additional Speakers:** If there are multiple speakers for this presentation, each speaker must complete a Webinar Abstract Submission form (*title and description of presentation should be consistent on each speaker’s form*). AHDI will not accept more than **four** presenters for any given presentation.

**Are you a member of AHDI?** *(please highlight)*

Yes No

**Have you presented for AHDI before?** *(please highlight)*

Yes No

**Have you presented this session at another meeting/conference?** *(please highlight)*

Yes No

**If yes, please indicate what meeting/conference:**

**Estimated Length of Presentation** *(please highlight)*

* 1 hour
* 1.5 hours
* 2 hours

*Note: Most presentations are one hour (45-minute presentation with 15-minute Q&A).*

**Who is the target audience?** *(highlight each appropriate category)*

* Medical transcriptionist (traditional)
* Speech/voice recognition editing
* Compliance (HIPAA privacy and/or security)
* EHR implementation
* Mid-level management (manager/supervisor)
* Health information management
* Quality assurance editing/proofing
* Clinical documentation improvement
* Executive management (CEO, VP, owner)
* Education
* HR, recruiting
* Healthcare provider
* Documentation auditing
* Medical scribing
* Coding
* Sales, marketing

**Speaker Consent** *Highlight items you agree to allow AHDI to:*

* Use your name, photo, and information submitted in all AHDI publications, marketing, and communication
* Audio record presentation

**Speaker Signature**

My electronic signature below shows that I understand if my proposal is accepted I am required to submit any necessary handouts and other required information by the deadlines AHDI establishes. I understand AHDI is unable to provide presenter expenses.

To complete the electronic signature, please type your name below. By typing your name, you are stating that you agree to the above statement. *Please note: The Committee will not consider sessions that do not have a signature and consent from the speaker.*

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Speaker’s Name/Signature Date

**Submit form (retain as a Word document; no .pdf files) and hi-res photo via email to:**

**Kristin Wall, CHDS, AHDI-F**

**Senior Programs Coordinator & Editor-in-Chief**

**kwall@ahdionline.org**