



NORTH COUNTRY LEADERSHIP SUMMIT

*Leveraging Partnerships to Enhance
the Regional Health and Social Care Landscape*

October 9 and 10, 2024 at the Lake Placid Conference Center

CALL FOR PRESENTER SUBMISSIONS:

Please return this form, saved as a PDF, to ahisummit@ahihealth.org by 3PM on Friday, June 14, 2024.

The North Country Leadership Summit brings together leaders from New York's North Country and beyond, and is an opportunity to learn from experts on telehealth, population health, and advancing whole-person care.

We are seeking presentation proposals in the following topic areas:

- Enhancing Digital Inclusion Through the Improvement of Broadband and Digital Literacy to Achieve Health Equity
- Rural Workforce Development Strategies to Address Staffing Shortages
- Innovative Telehealth Solutions to Address Workforce Challenges
- Novel Funding Strategies to Support Healthcare Systems
- Identifying Health Policy and Infrastructure Implications to Ensure Long-Term Telehealth Sustainability
- Community Partnerships to Address SDOH Needs in Rural Communities
- Telehealth as a Model to Improve Access to Mental and Behavioral Health Services
- Incorporating Telehealth Technology into Community Paramedicine and Emergency Medicine Services (EMS)
- The Role of Telehealth in Value-Based Care to Reduce Costs, Improve Quality, and Patient Experience
- Understanding Rural Health Disparities (as it relates to challenges surrounding disabilities and aging populations in the North Country)

PLEASE IDENTIFY WHICH TOPIC AREA YOUR PROPOSAL WILL FALL UNDER:

CONTACT INFORMATION:

(IF MULTIPLE PRESENTERS, ADD EACH PRESENTER TO THIS FORM, DO NOT SUBMIT MULTIPLE FORMS)

Presenter Name (as you want it to appear in all Summit correspondence)

Presenter Credentials (i.e. Education, Certification, etc.): _____

Title: _____

Organization: _____

Phone: _____ Email: _____

Address: _____

City, State, Zip: _____

Presenter Name (as you want it to appear in all Summit correspondence)

Presenter Credentials (i.e. Education, Certification, etc.): _____

Title: _____

Organization: _____

Phone: _____ Email: _____

Address: _____

City, State, Zip: _____

Presenter Name (as you want it to appear in all Summit correspondence)

Presenter Credentials (i.e. Education, Certification, etc.): _____

Title: _____

Organization: _____

Phone: _____ Email: _____

Address: _____

City, State, Zip: _____

ARE YOU A CURRENT PARTNER OR PROVIDE SERVICES TO THE NORTH COUNTRY REGION?

PRESENTATION DETAILS (PLEASE FILL IN)

Title of Presentation or Panel Topic (please keep this to one sentence):

Presentation Abstract (must be concise and accurate, describe and sell the presentation to event attendees):

Please List Learning Objectives of Presentation (must be in measurable terms):

Presenter 1 Biography (please keep this to no more than 3 – 4 sentences):

Presenter 2 Biography (please keep this to no more than 3 – 4 sentences):

Presenter 3 Biography (please keep this to no more than 3-4 sentences):

Please list any public-speaking experience (topics presented, events presented at, link to a video or audio recording):

PRESENTATION SUBMISSION

By checking this box, you agree to provide your slide deck to the Planning Team by **COB Tuesday, September 10, 2024**.

Yes No

PHOTO SUBMISSION

By checking this box, you agree to provide your photo to the Planning Team by **COB August 9, 2024**.

Yes No

By providing your photo, you are agreeing to allow your photo to be used in all Summit correspondence and marketing.

HOTEL ACCOMMODATIONS

Please contact the Golden Arrow Lakeside Resort directly for room reservations. The rates available are \$179 or \$209/night. Reservations must be received by August 9, 2024 to receive the above rate. We suggest you book your hotel room early as the room block will sell out.

Golden Arrow Lakeside Resort reservations can be made by calling: 800.582.5540 and mention "North Country Leadership Summit 2024" *Travel and Accommodation Expense Reimbursement is not provided.*

ADDITIONAL INFORMATION

All presenters must check in on the day of their session at least one hour prior to their given presentation time.

We will be reviewing each presenter's application and will respond by Friday, June 28, 2024. Please reach out to the Summit Planning Team at (ahisummit@ahihealth.org) with any questions. All presenters who are selected will be registered by the event planning team.