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124 W. ALLEGAN ST., SUITE 1900 • LANSING MI 48933 • PHONE (517) 267-3901 • FAX (517) 484-4442

www.michselfinsurers.org

**CALL FOR PRESENTATIONS – ANNUAL CONFERENCES**

The Michigan Self-Insurers’ Association (MSIA) is accepting proposals for educational presentations. Each year, MSIA hosts a spring conference and a fall conference.

Each conference features professional development sessions with a focus on Michigan Workers’ Compensation that offer continuing education credits. Presentation sessions can be 30 minutes to 1 hour in length. The attendees include professionals in workers’ compensation, human resources, third party administrators, occupational safety and health, claims control and risk management, rehabilitation, and the legal field. Thus, presenters have the opportunity to introduce themselves and their knowledge to the entire audience.

We are looking for presentations that address new and current topics, incorporate creative learning strategies, and provide a strictly educational experience to our attendees. The presentation must not only promote a specific business, product, or service.

**SUBMISSION AND SELECTION**

Once applications are received, the MSIA Conference Committee will review and select final presentations.

**We will keep your application on file for 2 years. There is no need to resubmit during this time, unless your topic has changed.** If you are not selected to present at a current conference, please note that you may be contacted at a future time if your presentation is selected at a later date.

You will receive notification at least **60 days** prior to the conference, if the planning committee should choose you to present at the conference that you have indicated a desire for on your application. **Selected applicants will not receive compensation for their services. However, you do receive a complimentary registration to attend all educational events and included meals at the conference for which you will be presenting**.

**Selected applicants must agree to submit the final presentation, bios, and any handout materials in electronic format no later than 30 days prior to the conference**. We will review presentations for accreditation approval and provide all handout materials in attendee packets during conference registration.

**MICHIGAN SELF-INSURERS’ ASSOCIATION**

Conference Presenter Application

Complete this session proposal form and submit it to Keeli Baker, e-mail [events@michselfinsurers.org](mailto:events@michselfinsurers.org) or fax (517) 484-4442. Use a separate form for each presentation you want considered. You will receive an email confirming receipt of your application.

**Session Format:**  30 Minutes  45 minutes  1 Hour

**Conference Presentation Selection:**  Spring Conference  Fall Conference

**Session Category:**  Workers’ Compensation  Safety Management  Business Skills

Government/Regulatory Issues  Health/Wellness  Training/Education  Claim Basics

Emergency Management  Legal Issues  Environmental/Hazardous Materials

Medical Conditions  Other,

**Industry professionals that will benefit from this course: (select all that apply)**

Workers’ Compensation  Attorneys/Legal Representatives  Medical Professionals

Safety, Environmental Health  Risk Management Professionals  Human Resources

**Suggested title** (10 words or less, clearly descriptive of the session, identify target audiences):

**Session description:** (75 to 100 words, descriptive, concise and supportive of the session title. Use complete sentences)

**Two to four learning objectives – complete the sentence “Participants will be able to”:**

1.

2.

3.

4.

**Presenter profile**:

Name:       Credentials/Certifications:

Work Title:       Company:

Address:

City:      State:      Zip:

Office Phone:      Cell Phone:      E-mail (required):

**Background and expertise**

Attach a professional resume, CV, or Biography to provide relevant work experience, education and skills, which deem the presenter qualified to discuss this topic.

**Disclosure of Perceived Conflict**

**Conflict of interest does not disqualify anyone from participation**, **but presenters shall disclose conflicts to the audience prior to the presentation.**

This disclosure identifies the presence or absence of any potentially biasing relationship of a financial, professional, or personal nature. A perceived conflict of interest would occur, for example, if you or a family member has, within the past 12 months, received any of the following from an organization whose product or service you discuss in your presentation:

* Salary
* Royalty
* Speaking honorarium
* Research appointment
* Board of directors remuneration or Consulting fee

A conflict of interest would also occur if you or a family member has any potential to benefit personally or professionally from the presentation, including owning stock in such a company.

For example:

* Work for a proprietary company delivering the presentation
* Have written a book about the topic
* Provide consulting services related to the topic, etc.

Any person in a position to control the content of this presentation as a planner, presenter, or content specialist must disclose whether a perceived conflict of interest exists.

Is there a perceived financial, professional or personal conflict of interest (self or family)?

Yes, there is perceived conflict of interest

No, there is no perceived conflict of interest

If yes, please describe: