

# 2011 Critical Care Transport Medicine Conference

Loews Vanderbilt Nashville Hotel

Nashville, Tennessee

April 4-6, 2011

All topic submissions are due no later than **August 1, 2010.**

**Your submission will NOT be considered if the objectives and outline are missing. A separate set of forms must be completed for all co-presenters. CCTMC wishes to attract state-of-the-art, cutting-edge, advanced clinical topics. Please do not submit basic level lectures.**

Submit your topic electronically to [Ppeter1111@aol.com](mailto:Ppeter1111@aol.com); you will receive confirmation. CCTMC offers the primary speaker a \$200.00 honorarium and complimentary registration to the conference (travel expenses are not reimbursed).

Name & Degree: \_\_\_\_\_

Title & Facility: \_\_\_\_\_

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

Preferred Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Education: Degree/Major	Institution/Location	Year
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summarize your professional experience related to presentation/committee member: (Include previous presentations, published articles, clinical experience related to the topic)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This person's participation in this offering includes:

Development of:

\_\_\_\_\_ Objectives

\_\_\_\_\_ Content

\_\_\_\_\_ Evaluation Tools

\_\_\_\_\_ Other (describe) \_\_\_\_\_

Selection of:

\_\_\_\_\_ Teaching Methods

\_\_\_\_\_ Handouts and Bibliography

List your three most notable presentations including:

1) Title of presentation

2) Name of conference

3) Year

4) Audience Size

**Proposed Course Offering**

Presentation Title:

Presentation Description: (brief paragraph)

Category of Presentation:  Clinical  Education  Management  Research  
 Professional Development

***Depth of the presentation should be intermediate or advanced***

Presentation Objectives:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Outline of Presentation: **(an outline of the presentation must be included with this submission).**

Teaching Method: (List all that apply)

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Lecture    | <input type="checkbox"/> Discussion      |
| <input type="checkbox"/> Slides/LCD | <input type="checkbox"/> Hands on Skills |

Thank you.