



Soft Network Users Group Healthcare Information Technology Summit® Present a Session

SNUG - Session Proposal

Complete this form to submit information on your proposed presentation. An asterisk (*) indicates a required field.

Date: _____ (Attach additional pages as needed)

Session Proposal: Provide a detailed description/outline of the content to be included in your session.

Presentation Information

All sessions should be a minimum of 55 minutes. If your session requires more time, please let us know in the Comments section below. Each presentation will be scheduled to be delivered twice, unless notified otherwise.

Presentation Title: This is the title as it will appear in the conference program.

Presentation Description: This is the description as it will appear in the conference program.

Learning Objectives: Provide three sentences to identify three learning objectives for this presentation.
Upon completing this session, attendees will be able to:

- 1.
- 2.
- 3.

Audience: What is the most relevant audience for your presentation? (Select all that apply)

- SoftLab SoftMic SoftBank SoftDonor SoftTotalQC SoftReports
 SoftA/R Suite v4.0 Suite v4.5 Genetics Other

Level of Instruction: (Select the applicable level of expertise for your session)

- Basic Intermediate Advanced

Basic: Entry level; no prior knowledge of subject necessary to attend this program.

Intermediate: Refresher course, some basic knowledge required.

Advanced: Highly technical; for those with at least five years of experience in a specialty area.

Comments: (Please check the estimated session length if longer than 55 minutes)

1 Hour 2 Hours Other

Primary Presenter Information

Speaker: List your name as it should appear in the program.

First Name:

Last Name:

Company/Organization:

Email Address:

Job Title:

Credentials and professional affiliation: List your credentials and professional affiliation as it should appear in the program.

Note: The moderator or speaker will disclose to the audience any conflict of interest regarding the topic being presented.

Secondary Presenter Information

Speaker: List your name as it should appear in the program.

First Name:

Last Name:

Company/Organization:

Email Address:

Job Title:

Credentials and professional affiliation: List your credentials and professional affiliation as it should appear in the program.

Note: The moderator or speaker will disclose to the audience any conflict of interest regarding the topic being presented.

Office Use Only



P.A.C.E.® Provider: SCC Soft Computer
P.A.C.E. Program Number:

Contract Hours:
Format: Lecture with slides
