**Request for Speaker Proposals**

**Annual Meeting & Exhibition 2020**

**About the NH Academy of Nutrition and Dietetics**

The New Hampshire Academy of Nutrition and Dietetics, an affiliate of the Academy of Nutrition and Dietetics, is the advocate of the dietetics profession serving the public through the promotion of optimal nutrition, health and well-being. We are an organization of nearly 350 members throughout the state of New Hampshire.

**Mission**

Empower members to be the nation’s food and nutrition leaders.

**Vision**

Optimize the nation’s health through food and nutrition.

**Target Audience**

Registered Dietitians (RDs); Dietetic Technicians, Registered (DTRs); interns; and students, with an expected attendance of 125–150. Our members work in a variety of settings, including hospitals, long-term care facilities, colleges, schools, public health organizations, private practice counseling settings, and more.

**Topics of Interest**

While any topic will be considered for the 2020 Meeting & Exhibition program, our members have especially expressed interest in the following topics: fiber & GI disease, prebiotics/probiotics, social media/networking/marketing, inflammation, salary negotiation, non-traditional roles for the RD, seafood, re-entry to the profession after years out, HAES, intuitive eating, IBS & FODMAP, environmental toxins, autoimmune disorders & diet, leadership skill development.

**Application & Review Process**

All proposals are due via email to [NHDAProfessionalDevelopment@gmail.com](mailto:NHDAProfessionalDevelopment@gmail.com) by December 15th, 2019. Individuals who submit a proposal will be notified the NHAND Board of Directors’ decision by January 30, 2019. Those selected will be offered NHAND’s standard honorarium of $250.

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**Contact Information**

|  |  |
| --- | --- |
| **Presenter Name** | Name of Presenter |
| **Organization Name** | Name of Organization |
| **Street Address** | Street Address |
| **City** | City |
| **State** | State |
| **ZIP Code** | Zip Code |
| **Phone** | Phone Number |
| **Email Address** | Email Address |

**Preferred time**

Please rank your top two choices, with #1 for your first choice and #2 for your second choice.

|  |  |
| --- | --- |
| # | Early Morning (8-10AM) |
| # | Late Morning (10AM-12PM) |
| # | Early Afternoon (12-2PM) |
| # | Late Afternoon (2-5PM) |

**Session Length**

Choose your session’s time length, which includes time for questions and answers.

60 minutes

90 minutes

**Session Title**

Click to Enter Session Title

**Session Description**

Please provide a brief (<300 word) description of what your session will be about.

**Program Criteria**

1. **Objectives**

Provide up to three learning objectives describing the outcomes from the presentation**.**

|  |  |
| --- | --- |
| **1** | Objective 2 |
| **2** | Objective 2 |
| **3** | Objective 3 |

1. **Description / outline of how the session will be structured and delivered**

Please select at least two of the following that will be incorporated into your session:

**Didactic** — conveys content, concepts, principles of relevant research.

**Interactive** — provides relevant content and a forum for preventing and sharing ideas, feedback, and responses to questions while demonstrating understanding of activity content and concepts.

**Case Study** — provides learners with the value of seeing situations in contest and through students’ eyes and opportunity to analyze and assess the quality and impact of a student-teacher interaction.

**Presentation** — provides forum for exchanging thoughts, opinions, skill, and reaching consensus.

**Small Group Exercise** — strengthens learners’ ability to retain information through social interaction involved with cooperative learning.

1. **Level of Content**

Please indicate the level of content you will present (choose one):

Level 1: Basic, requires no prior knowledge/experience

Level 2: Intermediate, requires some prior knowledge /experience

Level 3: Advanced, require and expert level of knowledge/expertise

1. **Have you presented this workshop previously?**

Yes

No

**If yes, where and when?**

Click to Enter Where and When

1. **Audio / Visual Needs**

Presenters will be provided with a projector and screen, laptop, internet access, and microphone. If you require additional tools beyond those already listed, please describe.

Click to Enter Audio / Visual Needs

1. **Presenter Biography**

Please provide a brief bio of no more than 300 words.

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1. **Do you require any financial support to travel for your presentation? Special requests will be evaluated individually and considered based on the overall proposal.**

Yes

No

**If yes, please describe:**