



nebraska
health care association

advocate. educate. support.

Call for Presentation

Speaker Information

Primary Presenter Information

First Name _____ Last Name _____

Company Name _____

Company Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Professional Title _____

Indicate the associations, if any, of which you are a current member (mark all that apply):

- Nebraska Nursing Facility Association _____
- Nebraska Assisted Living Association _____
- Nebraska Hospice and Palliative Care Association _____
- Nebraska Association of Home Health Agencies _____
- Licensed Practical Nurse Association of Nebraska _____

First time speakers for NHCA are asked to provide three references.

Reference 1 Name _____ Company _____
Email _____

Reference 2 Name _____ Company _____
Email _____

Reference 3 Name _____ Company _____
Email _____

Additional Co-Presenters:

First Name _____ Last Name _____
Email _____ Phone _____

First Name _____ Last Name _____
Email _____ Phone _____

1200 Libra Drive, Suite 100, Lincoln, NE 68512 P: 402-435-3551 F: 402-475-6289 www.nehca.org

*Nebraska Nursing Facility Association • Nebraska Assisted Living Association
Nebraska Association of Home Health Agencies • Nebraska Hospice and Palliative Care Association
Licensed Practical Nurse Association of Nebraska • Nebraska Health Care Learning Center
Nebraska Health Care Foundation*

Please describe any honorarium/travel expense requests:

Presentation Information

Title of Presentation _____

Session Description (100 words or less)

Learning Objectives

1. _____

2. _____

3. _____

Presentation Length _____

Audience _____

(Administrators, Nurses, Dietary, Social Services, Activities, Workforce, All, etc.)

Name and Credentials _____

Date _____