



2021 WV Rural Health Conference

October 20-22, 2021

WV School of Osteopathic Medicine, Lewisburg, WV

Request for Presentations

Submission Due: June 11, 2021

Send to: Kim McManaway

Email: kim@wvrha.org

Questions: 304-435-7491

Conference Theme: Reimagining Rural Health in WV: Responding to Unprecedented Challenges

Tracks:

1. Leadership/Policy
2. Clinical
3. Future of Health Care/Innovation
4. Diversity & Inclusion

Presentation Submission

Please use the following outline in submitting your presentation and return the signature page with your abstract:

- **Title** (10-word max):
- **Speaker(s):** *If your session is selected, each speaker will need to submit a CV/Resume and brief bio for inclusion in program*
- **Contact Information for each Speaker:** *(Name, title, credentials organization, address, email, phone)*
- **Brief Description of Presentation** (50-word max):
- **Two to Three Learning Objectives:**

NOTE: This conference will be a hybrid format. You will be expected to present live in-person. Live presentations will be recorded and broadcast to a virtual audience via the conference platform. The recordings will also be accessible through the WVRHA webpage. If you present in-person, WVRHA will provide one night's lodging.



**2021 WV Rural Health Conference
Abstract Submission**

Signature Page

Affirmation

I hereby affirm by my signature below that the speakers listed in the Presentation Abstract (attached) are available to present on October 20-22, 2021. I further affirm that I understand that no speaker substitutions can be made after May 15, 2021 due to the qualification of each session for Continuing Education Credits.

Affirmation:

I hereby affirm by my signature below that I or my agency/company have the sole rights to all materials that I will be presenting at the West Virginia Rural Health Conference. I further warrant that there is no copyright or other infringement as to photographs or any written material in my presentation or in the handouts that accompany the presentation and that I will hold the West Virginia Rural Health Association harmless for any liability as a result of my actions or my presentation at this conference.

Signature

Date

Print Name: _____

Email: _____ **Phone:** _____