



Educational Presentation Proposal Application

Speaker Information:

Name _____ Credentials _____

Title _____ Organization _____

Address: _____ Phone: () _____ Email: _____

NYHIMA member: [] Yes [] No

Speaker Fee/Honorarium requested? [] Yes, Amt: _____ [] No

Program Information:

Proposed Title: _____

Forum: [] Annual Conference [] On-Site Seminar [] Audio/Webinar

HIIM Professional Domain: Check the most appropriate core content area that that fits your presentation:

- | | |
|------------------------------|----------------------------|
| [] Technology | [] Management Development |
| [] Clinical Data Management | [] External Forces |
| [] Performance Improvement | [] Clinical Foundations |
| [] Privacy & Security | [] ICD-10 |

Accompanying Documents:

Please attach:

- PROGRAM ABSTRACT or description of the topic that outlines the objectives, content, and target audience. To be used in marketing materials;
- SPEAKER BIOGRAPHY or Profile including education, work experience and professional qualifications.

Submit your completed Proposal Application and all accompanying documents to:

NYHIMA Training & Education Coordinator
19 Aviation Rd.
Albany, NY 12205-1142

Or email to: vmartini@nyhima.org

Or fax to: (518) 435-0457