

PROPOSAL FORM – 2019 National Conference & Exhibition

Proposal Form

American Academy of Pediatrics
New Orleans, LA: October 25-29, 2019

Proposal Author	
Address	
City, State, Zip	
Phone	
Fax	
E-mail	
Session Title:	
What is the problem (professional practice gap) that this session proposal addresses?:	
What is the need for the session proposal? (ex. new information, research or guideline, common misunderstanding, annual update, etc.):	
How did you determine the problem? (ex. peer-reviewed article, patient question or outcome, statistic or report, etc.):	
Learning objectives (answer the question “At the conclusion of the session, participants should be able to...:)	
What teaching methods will best meet the identified need? (ex. lecture, discussion, hands-on learning, role play, Q & A):	
Session Description & Topic (in 50 words, describe the session for attendees):	
Format (Rank 1 st and 2 nd choices)	<input type="checkbox"/> Audience Response Case Discussion <input type="checkbox"/> Interactive Group Forum <input type="checkbox"/> Section/Council Program <input type="checkbox"/> Course <input type="checkbox"/> Plenary <input type="checkbox"/> Seminar <input type="checkbox"/> Focused Topic <input type="checkbox"/> Point-counterpoint <input type="checkbox"/> Workshop
Please see session format overview for more information on session formats	
Sponsoring AAP Committee, Council, Section, Chapter	

Please submit your completed proposal form through ShopAAP (members), netFORUM (staff) or by emailing: kkovacs@aap.org (non-members) by April 13, 2018.

PROPOSED FACULTY

Primary Faculty			
Faculty Name			
Mailing Address			
City, State, Zip			
Phone		AAP Member	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Faculty (see format overview for allotted # of faculty for sessions)			
Faculty Name			
Mailing Address			
City, State, Zip			
Phone		AAP Member	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alternative Faculty			
Faculty Name			
Mailing Address			
City, State, Zip			
Phone		AAP Member	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list anything additional about the faculty (e.g. presentations at other conferences or AAP meetings, awards, etc.):			

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