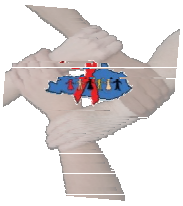

Kentucky Conference on HIV/AIDS and Viral Hepatitis

"Kentucky: Turning the Tide of HIV/AIDS."

CALL FOR ABSTRACTS

The Cabinet for Health and Family Services, Department for Public Health, is proud to announce the **Kentucky Conference on HIV/AIDS and Viral Hepatitis,** to be held August 14-15, 2012, at the Clarion Hotel in Lexington, Kentucky. The theme for the conference is **"Kentucky: Turning the Tide of HIV/AIDS."** As the only one of its kind in Kentucky, this conference presents a unique opportunity for the community, community-based organizations, local, state and federal agencies, and others in the field of HIV/AIDS and Viral Hepatitis to come together and focus on improving the services available to persons infected with and affected by HIV disease.

We invite you to share your knowledge and expertise on strategies to build a stronger network and join us in making this year's conference a success. We look forward to seeing you in August as a participant and/or as a presenter.

ABSTRACT SUBMISSION

Abstract submissions for concurrent sessions on Tuesday and Wednesday, August 14-15, 2012, should exemplify current best practices; present new issues or topics; innovative ways of viewing traditional issues; or research that substantiates, promotes, and advances the work in the field of HIV and Hepatitis. Sessions are 75 minutes in length.

You may submit more than one abstract. (Please submit a separate submission form for each abstract you wish to have considered.) A Curriculum / Vitae for each presenter must accompany all submissions.

All abstracts must be received by the Kentucky Department for Public Health (KDPH) by 4:00pm EST, May 31, 2012. Submissions will be accepted by mail or e -mail. You will be notified, in writing, on or before June 8, 2012 if the abstract(s) you submit is accepted by the conference planning committee.

Mail to: Michael Hambrick or Beverly Mitchell
HIV/AIDS Branch
275 East Main Street, HS2E-C
Frankfort, KY 40621

If you have any further questions please call 1-800-420-7431.

Submission Guidelines

PRIMARY PRESENTER

We are soliciting proposals from presenters who can provide specific strategies and practical connections to the conference **"Kentucky: Turning the Tide of HIV/AIDS."**. Please include a Curriculum / Vitae for the primary presenter. A Curriculum / Vitae must accompany each abstract submitted. The primary presenter will serve as the contact for all correspondence regarding session proposal acceptance, scheduling, changes, room notification, and audio-visual requests and will notify any additional presenters of the above. **Presenters must provide their own handouts and cover all travel and lodging expenses. The cost for the Primary Presenter to attend the conference is free. However, if the presentation requires more than one presenter, the cost is $45 for each additional presenter.**

DESCRIPTION

Please describe the content of your presentation and the types of learning activities in which the participants will be engaged. Please limit your description to three pages. Identify at least three intended objectives for participants. Examples of objectives are listed below:

1. Participants will be able to describe the need and impact of support groups.
2. Participants will be able to explain 3 methods to reduce the risk of HIV transmission.
3. Participants will be able to list 3 potential barriers to the care of HIV + women.

TITLE AND PROGRAM SUMMARY

The title and a 50-75 word description should accurately reflect the content, activities, and anticipated outcomes of your session. We reserve the right to edit titles and descriptions for use in the conference program.

Abstracts should be typed. Please use 8.5 x 11 paper only.

AUDIENCE

Please identify your target audience. (e.g. Physicians, Nurses, Case Managers, PLWA's)

ADDITIONAL PRESENTERS

Please provide a Curriculum /Vitae for additional presenters and complete the attached "Additional Presenters Sheet".

TRACKS

The following is a list of topics suggested by the Conference Committee:

Transgender	Sexually Transmitted Diseases	MSM
SSI/SSDI	HIV in the Correctional Industry	Women and HIV
Advocacy	Housing	Aging and HIV
Immigration	Substance Abuse	Youth and HIV
Mental Health	Cultural Competency	Social Media
Hepatitis A, B and C	Medicare/Medicaid	

****Abstract submissions are not limited to the topics suggested above****

OUTLINE OF CONFERENCE

Please identify on which day you would prefer to present. Please note, topics can relate to any of the tracks mentioned above**.** Hepatitis related topics will also be covered on both days.

Date	Time	Type of Session	Description
Tuesday, August 14, 2012	12pm to 4:30pm	Day 1 Session	Topics can focus on any of the tracks listed above.
Wednesday, August 15, 2012	9am to 4:30pm	Day 2 Session	Topics can focus on any of the tracks listed above.

ABSTRACT SUBMISSION FORM

Kentucky Conference on HIV/AIDS and Viral Hepatitis

"Kentucky: Turning the Tide of HIV/AIDS."

www.KyConference.com

Deadline for receipt of application: May 31, 2012 by 4:00pm (EST)

Form Submission Instructions:

Preferred method: E-mail
Please save the completed form to your hard drive, then attach it to an e-mail to michael.hambrick@ky.gov and/or beverly.mitchell@ky.gov

Secondary method: Postal Mail
Please print the completed form and mail it along with any attachments to:
HIV/AIDS Branch
Attn: Michael Hambrick/Beverly Mitchell
275 East Main Street, HS2E-C
Frankfort, KY 40621

Alternative method: Facsimile
Please print the completed form and fax it along with any attachments to:
502.564.9865
After fax transmission completes, please call 800.420.7431to confirm receipt.

Complete and submit the following information. The person listed below will be considered the primary presenter. For more than one presenter, complete the "Additional Presenters Form" with appropriate information. Notification of abstract acceptance will be sent to the primary presenter only. If submitting more than one abstract, please complete an "Abstract Submission Form" for each.

Name: _____ Credentials: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Office Fax: _____

E-mail: _____

1. Topic(s) (please indicate one):
   1. _____
   2. _____

2. What day and time slot would you like to present, if available?
   - ☐ Tuesday Afternoon (1p-4p)
   - ☐ Wednesday Morning (9a-12p) ☐ Wednesday Afternoon (1p-4p)

3. Have you presented this topic before?
   - ○ No ○ Yes

   If yes, name and year of meeting(s): _____

4. What level will you be presenting?
   - ○ Introduction ○ Intermediate ○ Advanced

5. Are you willing to repeat your session if requested?
   - ○ No ○ Yes

6. Audio Visual equipment needed: **
   - ☐ Overhead Projector/Screen ☐ Laptop
   - ☐ Flip Chart/Easel/Markers ☐ Proxima/Screen

   Other: _____

   ****Presenters are responsible for transparencies and handouts.**

7. Abstract: (please attach to e-mail or send with printed copy)

ADDITIONAL PRESENTERS SHEET

Name: Credentials:

Organization:

Address:

City: State: Zip Code:

Office Phone: Office Fax:

E-mail:

Name: Credentials:

Organization:

Address:

City: State: Zip Code:

Office Phone: Office Fax:

E-mail:

Name: Credentials:

Organization:

Address:

City: State: Zip Code:

Office Phone: Office Fax:

E-mail: