8th Annual Kentucky HIV/AIDS Conference

May 20-22, 2009

Holiday Inn - Hurstbourne Louisville, KY

Call for Abstracts

Many Hands, Many Minds - One Goal

CALL FOR ABSTRACTS

We are delighted to announce the **2009 Kentucky HIV/AIDS Conference** will be held May 20-22, 2009, at the Holiday Inn – Hurstbourne, Louisville, Kentucky. The theme for the conference is: **"Many Hands, Many Minds –One Goal"**. Our mission is to be a recognized leader in educational programs that promote healthier lifestyles and safer communities, managing and controlling the HIV/AIDS epidemic.

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 May as a participant and/or as a presenter.

CONFERENCE OBJECTIVES

- Build skills and enhance the ability to incorporate prevention efforts into HIV care and service delivery.
- Expand participant knowledge and understanding of new HIV treatment modalities and their impact of effective treatment regimen.
- Explore the intersections of mental health, and substance abuse with HIV infection.
- Develop strategies for STD and HIV prevention programs to work together by exploring the effects of co-infection.
- Provide education and networking opportunities for the community.

TARGET AUDIENCE

The multidisciplinary nature of the conference program is designed to benefit the broadest range of service providers in fields related to HIV/AIDS. The program content is especially relevant for health department personnel, health educators, nurses, allied health professionals, counselors, case managers, social service and other community based agency staff, mental health and substance abuse counselors, social workers, and HIV/STD counseling and testing personnel. Individuals directly affected by HIV/AIDS are encouraged to attend.

ABSTRACT SUBMISSION

Abstract submissions for concurrent sessions on Thursday and Friday, May 21-22, 2009, should exemplify current best practices and present new issues or topics, innovative ways of viewing traditional issues, and /or research that substantiates, promotes, and advances the work in the field of HIV disease. Sessions are 75 minutes in length. This year's conference will focus on these essential tracks: **Clinical, Prevention and Care, Corrections, Leadership, Substance Abuse, Mental Health, Community.**

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

All abstracts must be received by the Kentucky Department for Public Health (KDPH) by 4:00pm EST, Dec. 31st , 2008. Submissions will be accepted by mail or e-mail. You will be notified, in writing, on or before January 30th , 2009, if the abstract(s) you submit is accepted by the conference planning committee.

Mail to: Merinda Brown E-mail to: merinda.brown@ky.gov
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

1. **PRIMARY PRESENTER**
   We are soliciting proposals from presenters who can provide specific strategies and practical connections to the conference theme, **"Many Hands, Many Minds – One Goal"**. 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. **Conference registration is $100.00 or $50.00 for one day. Presenters must provide their own handouts and cover all travel and lodging expenses.**
   The cost for Presenters to attend one day of workshops is $50.00 and $75.00 for two days. Presenters in attendance only for their workshop do not need to pay a registration fee.

2. **COURSE OBJECTIVES**
   Identify at least four intended objectives for participants. Each objective should begin with, "Participant will be able to . . ." Each objective should include one of the following words: define, list, describe, discuss, explain, demonstrate or summarize.

3. **TITLE AND PROGRAM SUMMARY**
   The title and a course description, no longer than 2 paragraphs, should accurately reflect the content, learning activities participants will be engaged in, 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. Do not include pages larger or smaller than 8.5 x 11.

4. **AUDIENCE**
   Please identify your target audience. (e.g. Physicians, Pharmacists, Dentists, Nurses, Case Managers, Health Educators, PLWA's, etc.)

5. **ADDITIONAL PRESENTERS**
   Please complete the attached Curriculum /Vitae and Additional Presenters Sheet for additional presenters.

6. **TOPICS**
   The following is a list of topics suggested by the Conference Committee:

Psychosocial Needs of Older Adults with HIV	Clinical Trials Updates
Co-Infections	Substance Abuse
Malignancies Associated with HIV	Routine Testing Update
Stigma and Access to Care	HIV in Correctional Industry
Housing and Homelessness	Mental Health
Leadership in the Workplace	Nutrition

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

ABSTRACT SUBMISSION FORM

2009 KENTUCKY CONFERENCE ON HIV/AIDS

Deadline for receipt of application: December 31st, 2008 by 4:00pm (EST)

Please mail the required forms by deadline to:

Merinda Brown
HIV/AIDS Branch
275 E Main St
Mail Stop HS2E-C
Frankfort, KY 40621

Or e-mail to: merinda.brown@ky.gov

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.

(Please Type)

Name: _____ Credentials: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Email: _____

Please check one of the following:

___I plan to attend the 2009 conference ($75/$50) ___ I will only attend my workshop.
(Registration forms will be mailed at a later date.)

1. Track (please indicate one):
   - ___ Medical/Clinical
   - ___ Mental Health
   - ___ Community
   - ___ Substance Abuse
   - ___ Prevention and Care
   - ___ Corrections
   - ___ Leadership

2. Have you presented this topic before?
___ Yes ___ No
If yes, name and year of meeting(s) _____

3. What level will you be presenting (select only one)?
___ Introduction
___ Intermediate
___ Advanced

4. Are you willing to repeat your session if requested?
___ Yes ___ No

5. Audio Visual equipment needed:
____ Overhead Projector/Screen
____ Laptop
____ Proxima/Screen
____ Flip Chart/Easel/Markers
____ Other

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

6. Course Title:

7. Course Objectives:
Participants will be able to . . . .
1.)
2.)
3.)
4.)

8. Course Description (limit, 2 paragraphs):

ADDITIONAL PRESENTERS SHEET

Name: _____ Credentials: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Email: _____

Please check one of the following:
___I plan to attend the 2009 conference ($75/$50) ___ I will only attend my workshop.
(Registration forms will be mailed at a later date.)

Name: _____ Credentials: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Email: _____

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Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Email: _____

Please check one of the following:
___I plan to attend the 2009 conference ($75/$50) ___ I will only attend my workshop.
(Registration forms will be mailed at a later date.)

Kentucky Department for Public Health

Continuing Education

Curriculum Vitae

Name _____

Address _____

Telephone _____ E-Mail _____ Fax _____

Current Position/Title _____

Current Employer/Agency_____

Education:

	Degree	Institution	Area of Study	Year Degree
1.				
2.				
3.				
4.				

Experience:

Describe your professional experience or areas of expertise, including publications, awards, and honors. If you are a course planner or presenter state which experience(s) contribute to your qualifications for this offering.

_____

_____

_____

_____

_____

Rev. 1/06