Call for Presentations

For LSHRM’s Professional Development Events

Lancaster Society for Human Resource Management (LSHRM), an affiliate of the Society for Human Resource Management (SHRM), is seeking facilitators and presenters for our professional development events, including monthly breakfast seminars, webinars and our annual Spring Conference and Fall Legal Update. If you are interested in presenting to our Chapter, we invite you to complete the attached Call for Presentations Submission.

**Call for Presentations must be EMAILED to profdevelopment@lancastershrm.org. Faxed or mailed proposals are NOT accepted. Please DO NOT submit proposals to LSHRM members directly, all proposals MUST be emailed to profdevelopment@lancastershrm.org.**

##### **INSTRUCTIONS FOR SUBMITTING A PROPOSAL**

* Complete the attached Call for Presentation Submission form. **Submissions must be typed or reproduced on a computer in this exact order. Word format preferred.**
* Review for completeness, accuracy and legibility; sign and date form.
* **Submit the completed form by email to profdevelopment@lancastershrm.org**.
* Include *tangible takeaways* that attendees will receive as a result of attending your program.

**PROPOSAL REVIEW.** Members of the Professional Development Committee will review all complete proposals. All LSHRM development events are submitted to SHRM and the HR Certification Institute (HRCI) to be pre-approved for recertification credit. To be eligible for approval, an activity must directly tie to the SHRM Body of Applied Skills and Knowledge (BASK) and the HRCI Body of Knowledge (HRBoK), which can be found online. Proposals which do not address topics contained in the BASK/HRBoK will not be accepted. Proposals which address the areas of particular interest to our Chapter members will be given priority. Notification of acceptance will be sent via email.

**SOLICITATION.** LSHRM members have adopted a Code of Ethics to promote and maintain the highest standards of personal conduct and professionalism. Members agree not to directly sell, promote or otherwise encourage other members to purchase or use their employer’s products and/or services and LSHRM expects the same of its presenters. Presenters are advised that the direct promotion of products and services is *not permitted.*

Call for Presentations Submission

All information **must be typed and submitted either on this form or in this exact order**. **THIS IS A FILLABLE FORM.**

**PRESENTER INFORMATION**

(\*Items with an asterisk will be printed in the event announcement)

*All information pertaining to this session will be communicated to the primary presenter. The primary presenter will be responsible for communicating session information to LSRHM as well as to his or her co-presenter(s). Information in all printed materials will appear exactly as provided on this application. Please check the spelling of all relevant titles, academic degrees, and professional designations. We ask for additional information so that we may contact you prior to the session, if necessary.*

|  |  |
| --- | --- |
| \*Name: |  |
| \*Job Title: |  |
| \*Company: |  |
|  |  |
|  |  |
|  |  |
| Cell Phone:(REQUIRED) |  |

 *Cell phone is required so that we can contact you in case of an emergency the day of your program.*

Will you have a co-presenter? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| \*Name: |  |
| \*Job Title: |  |
| \*Company: |  |
| Address: |  |
| Phone: |  |
| Email:  |  |

Are you a current LSRHM member? [ ]  Yes [ ]  No

Are you or your organization an LSRHM sponsor? [ ]  Yes [ ]  No

Have you or your co-presenters presented at an

LSHRM conference/meeting in the last three years? [ ]  Yes [ ]  No

**BACKGROUND**

Please provide a brief summary of your presentation experience and your co-presenter’s experience. You may attach a biography that includes your expertise and qualifications. This will be used for both advertising the session and introductions.

Click or tap here to enter text.

**PRESENTATION INFORMATION**

**SESSION TITLE** (10 words or less; please clearly and concisely define the purpose of your program and what attendees can take away):

Click or tap here to enter text.

**Session Overview** (500 words or less; please describe content as well as method of delivery for your presentation, e.g., case study review, interactive exercises, etc.):

Click or tap here to enter text.

**Session Summary** for publication and advertising (50 words or less – may be slightly altered to meet style guidelines and space limitations):

Click or tap here to enter text.

**Learning Objectives** – please complete this sentence: “Following my presentation, participants will be able to…” You must submit 3 - 5 learning objectives. Reference to the BASK/HRBoK is encouraged.

Click or tap here to enter text.

Have you previously presented on this topic? [ ]  Yes [ ]  No
 If yes, provide date and venue of prior presentation: Click or tap here to enter text.

Have you presented on this topic before and been approved for SHRM or HRCI Credit? [ ]  Yes [ ]  No

If yes, provide prior SHRM program number: Click or tap here to enter text.

If yes, provide prior HRCI program number: Click or tap here to enter text.

Please identify the level of audience your presentation will be most valuable to. (Choose one or more).

[ ]  **Entry Level -** Sessions designed for those new to the HR field or specialize in a specific support function. These sessions have been created to help HR Professionals get started and to have the tools and knowledge to perform specific job-related functions

[ ]  **Mid-Level Professional** - Sessions intended for generalists, specialists and/or mid-level managers with several years of experience looking to obtain the competencies necessary to move to the next professional level or develop competency in a different functional area.

[ ]  **Senior/Executive Level** - Sessions designated for those with ten or more years of HR experience and lead/direct a certain HR function, these sessions should provide the tools and knowledge to take organizations in a new direction.

Identify the HR competencies your presentation will develop. See the BASK/HRBoK for detailed information regarding each of the competencies listed below. (Choose any combination of competencies which your presentation seeks to develop. You must select both SHRM and HRCI competencies.)

|  |  |  |
| --- | --- | --- |
| **SHRM Body of Applied Skills and Knowledge** |  | **HRCI Human Resource Body of Knowledge** |
| [ ]  Leadership and Navigation |  | [ ]  Leadership and Strategy |
| [ ]  Ethical Practice |  | [ ]  Talent Planning and Acquisition |
| [ ]  Diversity, Equity and Inclusion  |  | [ ]  Learning and Development |
| [ ]  Relationship Management |  | [ ]  Total Rewards  |
| [ ]  Communication  |  | [ ]  Employee Relations and Engagement |
| [ ]  Global Mindset |  | [ ]  Business Management |
| [ ]  Business Acumen |  | [ ]  Compensation and Benefits |
| [ ]  Consultation |  |  |
| [ ]  Analytical Aptitude |  |  |
| [ ]  People Knowledge |  |  |
| [ ]  Organization Knowledge  |  |  |
| [ ]  Workplace Knowledge |  |  |

**VENUE INFORMATION**

Each room will be provided with a lectern, laptop computer, LCD projector & screen, and one wireless lavaliere microphone. If you require additional audiovisual equipment, there may be an additional cost to you.

Additional Audiovisual Requirements

[ ]  Flip charts & markers

[ ]  Additional wired lavaliere microphone

[ ]  Set-up for Panel Discussion

[ ]  Other (please specify)

 Click or tap here to enter text.

Please indicate all venues in which you would be willing to educate LSHRM members and guests.

[ ]  Chapter Meeting speaker (*generally held on the second Tuesday each month from 7:30 to 9:00am.*

 *Presenters and facilitators are given approximately one hour to address the membership and guests.)*

[ ]  Conference speaker

[ ]  Webinar

Do you require a speaker fee or reimbursement for travel as a condition of presenting?[ ]  Yes [ ]  No

* If yes, how much is your speaker fee? $ Click or tap here to enter text.
* If a speaker fee is required, would you be willing to accept a donation to a charitable organization in lieu of a fee? [ ]  Yes [ ]  No
* Please identify the charitable organization to which you would like LSHRM to make a donation on your behalf: Click or tap here to enter text.

**TERMS AND CONDITIONS**

As the primary presenter for this proposed session, I have thoroughly read the submission guidelines, selection criteria, and terms for speaker compensation, and I understand and agree that I will be responsible for communicating in a timely manner with LSHRM Members, the Professional Development Committee, and any co-presenter(s) regarding information about my session. I understand that:

* LSHRM has final determination of the format and length of my session.
* I am responsible for adhering to the Call for Presentations deadlines and the guidelines for submission outlined in this document. If I fail to do so, LSHRM reserves the right to remove my session from the conference program.
* I am responsible for submitting presentation materials and handouts prior to the conference for inclusion on the LSHRM website.
* LSHRM will not produce any handouts onsite. I am responsible for preparing handout material for my session attendees. Please note: All Materials will be provided on the Members Only section of the LSHRM website for the attendees to download.
* As LSHRM programs are noncommercial forums, the direct promotion of products and services is prohibited.
* This session may be video or audio taped, and my co-presenter(s) and I agree to this condition.
* I am responsible for obtaining permission to reproduce my handouts if copyrighted by an organization other than LSHRM.
* I must refrain from overt statements, harsh language, or pointed humor that disparages the rightful dignity and social equity of any individual or group.

I agree with the terms and conditions outlined in this Call for Presentations. I also convey my permission and that of my co-presenter(s) for LSHRM to reproduce and distribute the session handouts prior to, during and after the conference. In the event of a cancellation, I will notify LSHRM in a timely manner or send a speaker that is knowledgeable of my presentation.

***Acknowledgement and Acceptance of Terms and Conditions:***

Signature

Print Name

Date