

MHPA19: Workshop/Speaker Request for Proposals

Please complete the RFP Form and credit card authorization below. Once complete, email to dsmith@mhpa.org.

PROPOSED TITLE and/or FOCUS

TRACK CATEGORY – TECHNOLOGY or OPERATIONS

PROVIDE A SUMMARY or DESCRIPTION of SESSION [200 WORDS OR LESS]

TWITTER SUMMARY (280 CHARACTERS OR LESS)

LEARNING OBJECTIVES

1. _____
2. _____
3. _____

SUBMITTING REPRESENTATIVE INFORMATION

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

PRESENTING or CO-PRESENTING MEDICAID HEALTH PLAN REPRESENTATIVE INFORMATION

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

NOTES

1. All speakers must incorporate opportunities for interactive learning in each session (i.e., Q&A, case study discussions, etc.).
2. Presenters are encouraged to utilize posting of materials, including slide decks and notes, on the Internet as well providing copies for distribution at MHPA19.
3. Speakers grant permission to be videotaped and photographed.
4. Please note that submission of a proposal does not guarantee that it will be offered by MHPA at the Annual Conference. The MHPA Membership and Meetings Committee will review all proposals upon receipt and make final awards.

Signature_____
Date



RFP Submission Credit Card Authorization Form

CREDIT CARD INFORMATION	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (MM/YY): _____ CVV _____	
Billing Address: _____ _____ _____	

I, _____, authorize **Medicaid Health Plans of America** to charge my credit card for **\$250.00** for submission of RFP proposal.

Customer Signature

Date