



ORAL HEALTH KANSAS PLANNING COMMITTEE ANNOUNCES A CALL FOR INNOVATIVE INITIATIVES

THINK BIG!

This is an exciting opportunity to share current scientific research and/or practical applications of existing innovative programs/projects in Kansas. It is intended to facilitate a shared learning process of current innovative and sustainable oral health programs. The knowledge gained, managed, interpreted, and integrated by these programs will be shared. By sharing this information with all, we hope to break the silo or compartmentalized dynamic and link the components to a larger system of Good Oral Health for All Kansans.

GOALS

1. To foster learning by sharing goals and activities in areas of research, policy, and practice
2. To provide insight regarding current innovative projects, their performance and their constraints
3. To communicate visions and new opportunities for innovative interventions to other stakeholders
4. Encourage relationship-building among and between individuals across traditional disciplines and fields to achieve relevant goals and objective.

WHO SHOULD SUBMIT AN ABSTRACT

Public and Oral Health Professionals that have an innovative oral health program, idea, or research project. It may be presented through a poster or through an exhibit/small group presentation.

HOW TO SUBMIT AN ABSTRACT

Abstracts may be submitted online or faxed to Oral Health Kansas on or before Thursday, August 10, 2010. Specify the type of presentation: 1.) Poster 2.) Exhibit/ small group discussion.

PRESENTATION OPTIONS

Posters should not exceed 4 feet by 4 feet in size. Presenter will be asked to stand next to poster and be prepared to discuss their program or project with visitors. Handouts may be handed out, but are not required.

The “Exhibit” is similar to a roundtable presentation; however it will be more like a “stand table”. Exhibits may include exhibit boards, laptop presentations, and/or handouts. Presenter will share their innovative project in a 15 minute time increment (maximum) to audience. Handouts may be given to spectators. Each presenter should be available to repeat their presentation up to three times during the (45 minute) time period.

ABSTRACT FORMAT AND REQUIREMENTS

Format

The abstract should include title, authors’ names, purpose/background, objectives, methods, and conclusion. Italics, diagrams, boxes, borders, tables or graphics should not be used.

Length

Abstract titles must be no longer than 15 words or 100 characters. Abstract text must be no more than 250 words or 1,500 characters.

Biographical Form

A biography of the presenter must be included (between 250-400 characters).

SUMBISSION DEADLINE

Friday, August 27, 2010

CONFIRMATION

Notification of acceptance or rejection will be sent no later than ***Friday, September 10, 2010.***

PRESENTER RESPONSIBILITIES

Presenters are responsible for all expenses related to participating in the Conference, including transportation, registration fee, lodging and meals.

Posters may either be affixed to walls with re-moveable tape or putty or presented on a trifold stand. Tape must be removeable from walls and cause no damage to surfaces. Presenter will be responsible for trifold, tape, laptop, extension cord, or exhibit board if needed.

“When social networks oriented to public health are not functioning effectively as a result of inadequate or dysfunctional information and knowledge exchange, systems that could be effective are compromised and even prevented from achieving their potential positive impact. Conversely, when knowledge flow is effective, network performance is better, and systems-level change is possible.”

-Global Health Promotion, 2009

A New Decade

FOR ORAL

THINK BIG

CALL FOR PRESENTATIONS FORM

Include all information as if it were to be printed in the Conference materials. If accepted for presentation, I give permission for this abstract to be printed in the conference proceedings and copies of presentation given to attendees.

Type of Presentation: _____ Poster _____ Small Exhibit Presentation

Name _____

Degrees/Credentials _____

Title _____ Organization: _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Presentation Title: _____

As a result of participation in this workshop, attendees will be able to: *(session objectives)*

1. _____

2. _____

3. _____

Summary of Presentation: *(Approx. 250 words or less)*

Short Bio for your Introduction: