

CONFERENCE NOTICE & CALL FOR PROPOSALS

2009 ACHE Mid-Atlantic Regional Conference

Adopt the pace of nature; her secret is patience. (R.W. Emerson)

March 29 - March 31, 2008

*The Woods Resort and
Conference Center*



*Mountain Lake Road
Hedgesville, WV*

Getaway to The Woods Resort in wild and wonderful West Virginia for a weekend, a retreat, or a lifetime. The Woods is located close to Interstate 81 at the northern gateway to the beautiful Shenandoah Valley and offers a little something for everyone. Whether you are into golf, swimming, hiking, fishing or spending time at the spa, The Woods can accommodate you (and your family) in grand style. The Woods Resort is located on 1800 isolated acres that will allow us to adopt the slower pace of nature and spend time with our colleagues, reflecting on best practices in our profession. See <http://www.thewoodsresort.com/> for details.

Reserve Your Room

Rooms can be reserved by calling **1-800-248-2222**

Please ask to speak directly to **Kathy Everett**

Reservation deadline for the Conference Rate is **February 16, 2009**

Room deposit refunds will apply only in the event of an emergency (loss of institutional funding, family emergency, etc.)

Explore the hotel by taking one of the virtual tours at: <http://www.thewoodsresort.com/>

Room Rate: \$88.50 per night + tax

Directions

<http://www.thewoodsresort.com/directions.html>



Conference Schedule

The detailed conference schedule is in the planning process. To accommodate as many presenters as possible, we may proceed with a non-traditional schedule. Many members have informed us that in order to secure travel funding from their respective institution they have to be a presenter. To accommodate this need we will be looking closely at all presentation proposals and plan to accommodate as many as we possibly can. The conference opens with a Sunday evening welcome event dinner. Monday and Tuesday will be filled with concurrent sessions, a business meeting, plenty of food and good conversation! The conference will end at noon on Tuesday.

Registration

The full program brochure will be available in early February, however, we encourage you to go ahead submit your conference registration form and make your lodging reservations NOW!

The conference registration fees have been reduced since last year's regional meeting:

Full Conference Rate: \$200 *Registration includes: conference materials; all presentations, Sunday evening dinner & activities; Monday breakfast, lunch, and dinner; and Tuesday breakfast.)

Drive in Rate: \$150 *Registration includes: conference materials, all presentations, Monday breakfast and lunch and Tuesday breakfast (Does not include Sunday dinner & evening activities, and Monday evening dinner)

Graduate Student Rate: \$100 *Includes all listed above under the full conference rate. Special rate is intended for full-time students only.

Guest Rate: \$75 *The optional guest Sunday dinner & Monday dinner fee is \$75.00 for adults.

*******All Presenters Must Pay the Registration Fee*******

Call for Proposals

The Conference Committee invites all interested persons to submit Concurrent Workshop Session proposals for presentation at the Conference.

Proposal Submission form. Please complete and submit the form by e-mail by Friday, January 9, 2009. Presenters will be notified by Friday, February 6, 2009.

Abstract. Provide an abstract (75 words or less) outlining nature of proposal, presentation format, role of presenter(s), targeted audience, and benefits to session participants.

Selection Criteria – Proposals will be reviewed by the Conference Committee and presenters will be notified of the status of their submission no later than February 6, 2009.

Submit Proposal via e-mail attachment or fax to:

Jim Duffy

Email: duffy@lvc.edu

Phone: 717.867.6336

Fax: 717.867.6018

Proposal Submission Form

2009 ACHE Mid-Atlantic Regional Conference

Proposal Title _____

Presentation Format

Traditional Presentation
session (60 minutes)

Non-Traditional Presentation

A/V & Technology Availability:

Screens, flipcharts & markers will be provided, upon request. All other equipment needs are the responsibility of the presenter. Providing handouts is optional and is the responsibility of the presenter.

Intended A/V Technology Usage:

I request to have the following equipment provided for my session:

Screen Flipchart/markers

I plan to bring the following equipment

LCD / Lap top Slide projector Audio / Cassette Player

Other

I plan to bring handouts Yes No

Abstract (75 words or less, outlining nature of proposal, targeted audience, and benefits to session participants)

Lead Presenter's Information

All correspondence will be made with the Lead Presenter. It is the responsibility of the Lead Presenter to communicate with co-presenter(s).

Name _____

Position/Title _____

Affiliation _____

E-mail _____

Co-Presenter's Information:

Name _____

Position/Title _____

Affiliation _____

E-mail _____

Co-Presenter's Information

Name _____

Position/Title _____

Affiliation _____

E-mail _____

E-mail or Fax Proposal to:

Jim Duffy **Email:** duffy@lvc.edu

Phone: 717.867.6336

Fax: 717.867.6018

Registration Form

2009 ACHE Mid-Atlantic Regional Conference

Name _____
Title _____
Organization _____
Business Address _____
City _____ State _____ Zip _____
Email* _____ Office Phone _____

* Please print legibly. Confirmation and conference correspondence will be sent via e-mail.

CONFERENCE FEES Registration Deadline is March 20. Add \$25 / registration for late-registrations.

- \$ 200.00** **Conference Registration Fee:**
Registration includes: conference materials; all presentations, Sunday evening dinner & activities; Monday breakfast, lunch, and dinner; and Tuesday breakfast.
- \$ 150.00** **“Drive-In” Registration Fee:**
Registration includes: conference materials, all presentations, Monday breakfast and lunch and Tuesday breakfast (Does not include Sunday dinner & evening activities, and Monday evening dinner)
- \$ 100.00** **Student Conference Registration Fee:**
Includes all listed above. Special rate is intended for full-time students only.

Guest Name(s) _____

The optional guest Sunday dinner & Monday dinner fee is \$75.00 for adults.

I wish to purchase: _____ tickets @ **\$75 per guest ticket**

METHOD OF PAYMENT

- Check** Make Checks Payable to: *ACHE Mid-Atlantic Region*
- Purchase Order** *ACHE Mid-Atlantic Region, Federal Tax ID is 54-1753587*

VOLUNTEER OPPORTUNITIES

If you are willing to volunteer as a session moderator, troubleshoot technology, or assist ACHE in any other way during this conference, please indicate here:

SPECIAL DIETARY CONSIDERATIONS

Please indicate any special needs below:

SEND REGISTRATION FORM AND PAYMENT TO:

Louise Chagnon, c/o UVA Roanoke Center
108 N. Jefferson ST, Suite 507
Roanoke, VA 24016

Phone: 540-767-6200

FAX: 540-767-6206

Email: lchagnon@virginia.edu

Payment of registration fee is required prior to conference attendance. Invoices and receipts will be e-mailed to you. Requests for refunds will be honored through March 20, 2008 and will include a \$15.00 non-refundable processing fee for canceling the registration. Substitution registrants will be accepted.