SPARC IS PROUD TO PRESENT THE 14TH ANNUAL

WEATHERING THE STORM

TRANSITIONING INTO RECOVERY

October 8, 2026 @ The Pavilion - Marion, IL

PRESENTER'S PROPOSAL AND SPEAKER PACKET

Thank you for your interest in presenting at the 14th annual Shawnee Preparedness and Response Coalition *Weathering the Storm* Disaster Conference.

This one-day conference brings in over 250 people interested in learning how to make their organizations and communities better prepared and resilient to the many hazards found in Southern Illinois. Our audience members are a diverse group that truly represent a "whole community" approach to disaster risk management.

Each year, we try to select presentations that are timely, relevant, and applicable across multiple sectors. Our attendees favor presentations that discuss lessons learned, introduce new technologies, and increase skills. The allotted time for presentations is 50 minutes. You may request 2 consecutive time slots if you require more time. The planning committee may ask speakers to make the same presentation more than once.

Selected speakers will receive complimentary registration for the event. Speakers can request 1 night of lodging and reimbursement of travel if they are traveling over 100 miles. Please complete and submit this packet to the conference planning committee contact person listed below no later than August 14th, 2026.

If your presentation is selected, the planning committee will contact you and discuss the details.

The information collected will be used in publication materials, to secure Continuing Education Credits and to introduce speakers.

DEADLINE FOR SUBMISSION IS August 14th, 2026!

Information can be submitted electronically via email to RHCC@sih.net , or mailed to the SPARC Main Office 556 N. Airport Rd. Murphysboro, Illinois 62966.

Conference Committee Contact Person

Please reach out with any questions to:

WTS Conference Coordinator – Tamara Caffey-Bey
E-Mail Address: RHCC@sih.net
Cell Phone: 773-672-0334

Speaker Information Form

Speaker's Name:

Credentials (MD, MBA, etc.):

Current Employer:

Current Title:

Mailing Address:

City: **State:** **Zip:**

Work Phone: **Cell Phone/Pager:**

Fax #: **Email Address (REQUIRED):**

Session Information

Session Title: *(As it is to appear in publication material)*

Session Description: *(2-3 sentences in length, written as it is to appear in publication material)*

Session Objectives:
*(Three required – **S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime)*

List any co-presenters (they must also fill out a speaker's packet):

Audio-Visual Equipment Needs

Please check as applicable. We will have a laptop computer and LCD projector available in each room. Please bring your presentation on a flash drive or email it to your contact person prior to the event.

☐ **Multi-media projector:** presenters with multi-media presentations are asked to submit their presentations electronically to the conference coordinator, **no later than September 25, 2026**.

☐ **Does your multi-media presentation require speakers for sound?**

☐ **Does your multi-media presentation require an internet connection?**

☐ **DVD** ☐ **Flipchart stand**

☐ **Other:**

Handouts

In an effort to "Go Green", please only submit handouts for copying that attendees will need during your session. If the handout is just reference material, we encourage you to submit it to be posted online rather than distributing copies.

Will you have handouts? ☐ **Yes** ☐ **No** ☐ **Don't Know Yet**

If you would like us to make copies of your handouts for you, they must be submitted to your committee contact person no later than September 25, 2026.

Travel Requests

List any travel reimbursement that you are requesting as a speaker. Hotel room and tax are already assumed by the conference committee if you require them. Please note that your request will be reviewed by the committee for approval prior to the summit. Any requests not included on this form for pre-approval will not be considered for reimbursement following the summit.

Starting Address:

Travel method (airfare, mileage, etc.):

Estimated Total:

Please Note:

- As a speaker your conference registration fee will be waived. We will take care of registering you for the conference. You are welcome to attend the entire event.
- As a speaker, your hotel room (including tax) will be covered if accommodations are needed. We will take care of making the hotel reservations for you.
- A light breakfast and lunch are provided at the event and are also covered by your participation as a speaker.

Accommodations:

☐ **I do NOT need any overnight hotel accommodations**
☐ **I need a hotel room for the night of Wednesday, October 7th**
☐ **One bed** ☐ **Two beds**

Special Needs:

☐ **Dietary Needs:**

☐ **Other:**

It is the desire of the conference planning committee to make your participation in this event as rewarding as possible. To assist us in this endeavor, please advise us of any disabilities that require special accommodations, including the provision of auxiliary aids and services.

Name:

Biographical Information for Activity Planners and Presenters

INSTRUCTIONS: Please complete the entire form and submit to the planning committee. Each presenter and/or planner must complete.

Role: Note that a person may fill both roles.

☐ Planner**:** A person who is involved in planning the entire educational activity (e.g. members of a conference planning committee)

☐ Presenter/Content Specialist: A person who is either presenting or involved in the development of content for the educational activity.

Name and Credentials:		
Address:		
City	**State:**	**Zip:**
Phone:	**Email:**	

Indicate your degrees, diplomas, and certifications that you have obtained and may be pertinent to your role in the educational offering.

EMS: ☐ MFR ☐ EMT-B ☐ EMT-I ☐ EMT-P

Nursing: ☐ Diploma ☐ Associate ☐ Bachelors ☐ Masters ☐ Doctorate

Other Degrees: ☐ Associate ☐ Bachelors ☐ Masters ☐ Doctorate

INTRODUCTION BIOGRAPHY

(This should be 3-5 sentences in length and will be used by the session moderator to introduce you.)

Activity Planners and Presenters Conflict of Interest Statement

Instructions: Anyone who is in a position on a planning committee or is an educational offering presenter who has the ability to determine or control the content of the educational activity must disclose any potential conflicts of interest on this form. A conflict of interest disclosure assists in the identification of potential biases related to personal, financial, or professional gain.

Name:		
Title of Activity or Session:		
Role: (check all that apply)	☐ Presenter	☐ Planning Committee Member

Do you have a potential conflict of interest?

☐ No ☐ Yes (If yes, describe below):

Type of Financial Relationship	**Name of Company/ies**	**Self**	**Spouse/Partner**
☐ Speaker's Bureau		☐	☐
☐ Grant/Research Support (Principal investigator or working directly for company/company's agent)		☐	☐
☐ Ownership Interest (stocks, stock options or other ownership interest excluding diversified mutual funds)		☐	☐
☐ Honoraria		☐	☐
☐ Salary		☐	☐
☐ Other (Describe):		☐	☐

(For internal use only) If the individual checked YES above, indicate how this potential conflict will be resolved.

- ☐ Discuss with the individual to ensure conflict does not arise.
- ☐ Planner or designee will monitor session to ensure a conflict does not arise.
- ☐ Presenter signs statement stating information will be presented without bias.
- ☐ Other:

Required Information

- ☐ Speaker Information Form
- ☐ Speaker Registration Form
- ☐ Introduction Biography
- ☐ Biographical Data Form: Instead of a résumé/cv, speakers are required to complete this form in order for the summit to receive CEU approval (see enclosed).
- ☐ Conflict of Interest Form: Speakers are required to complete AND sign this form in order for the summit to receive CEU approval (see enclosed).