**2021 SEUCE CONFERENCE**

 **CALL FOR PAPERS**

 **Submission Deadline: 8/20/2021**

**Thursday, September 30– Friday October 1, 2021**

**Happy Hour Wednesday, September 29, 2021, 6:00-7:00 PM**

 **Location:** The Tides at Folly Beach

 1 Center Street, Folly Beach, S.C.

 843.588.6464

 www.tidesfollybeach.com/

**Hosted by University of South Carolina and CALIPSO**

 **CEUs provided by UofSC**

 ***All papers submitted should relate to the conference theme.***

1. **NAME(S):**

Presenter 1: Click here to enter text.

Presenter 2: Click here to enter text.

Presenter 3: Click here to enter text.

1. **INSTITUTION(S)**

Presenter 1 Institution: Click here to enter text.

Presenter 2 Institution: Click here to enter text.

Presenter 3 Institution: Click here to enter text.

1. **PHONE & EMAIL:**

Presenter 1 phone: Click here to enter text. Email: Click here to enter text.

Presenter 2 phone: Click here to enter text. Email: Click here to enter text.

Presenter 3 phone: Click here to enter text. Email: Click here to enter text.

1. **BIOGRAPHY FOR EACH SPEAKER (no more than 50 words for each bio):**

Presenter 1 Bio: Click here to enter text.

Presenter 2 Bio: Click here to enter text.

 Presenter 3 Bio: Click here to enter text.

1. **TITLE OF PRESENTATION:** Click here to enter text.
2. A**BSTRACT OF PRESENTATION (*no more than 150 words):*** Click here to enter text.
3. **SESSION OBJECTIVES (list no more than 3 using action verbs):**

**Upon completion of this session, the participants will be able to:**

 a**.** Click here to enter text.

b**.** Click here to enter text.

c.Click here to enter text.

1. **PREFERRED LENGTH OF SESSION (click on box to select):**

 [ ]  30 minutes [ ]  60 minutes

 [ ]  45 minutes [ ]  90 minutes

1. **AV EQUIPMENT PROVIDED:**
	1. Lectern and microphone
	2. Lavaliere wireless microphone
	3. LCD Data/Video projector

***NOTE: AV Equipment NOT provided: Laptops, including a Mac laptop; connectors for Macs or tablet computers to the LCD projector (e.g., connectors for Microsoft Surface)***

1. **Additional Information:**

 [ ]  **I would be willing to facilitate a discussion group, meaning that I would pose questions (if needed) and take notes on the discussion. I am most interested in talking with others about:** Click here to enter text.

 [ ]  **I am willing to donate a gift for a door prize**

[ ]  **I am willing to provide financial support as a sponsor.**

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**In compliance with the American Speech-Language Hearing Association’s Continuing Education Board’s Requirements, the South Carolina Speech-Language-Hearing Association (SCSHA) requires program planner and instructional personnel to disclose information regarding any relevant financial and non-financial relationships related to course content prior to and during course planning.**

**HIPAA REQUIREMENTS**

**To comply with the Health Insurance Portability and Accountability Act (HIPAA), we ask that all program planners and instructional personnel insure the privacy of their patients/clients by refraining from using names, photographs, or other patient/client identifiers in course materials without the patient’s/ client’s knowledge and written authorization.**

**I am in compliance with these policies (please initial):** Click here to enter text.

**Relevant Financial Relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include “contracted research” where the institution gets the grant and manages the funds, and the individual is the principal or named investigator on the grant.**

**Do you have relevant financial relationships to disclose? No** [ ]  **Yes** [ ]  **If yes complete page 4**

***Relevant non-financial relationship*s are those relationships that might bias an individual including any personal, professional, political, institutional, religious, or other relationship. May also include personal interest or cultural bias.**

**Do you have relevant non-financial relationships to disclose? No** [ ]  **Yes** [ ]  **If yes complete page 5**

**Financial Relationship Disclosure Form**

**Copy this page as many times as you need to complete information regarding each of your relevant financial relationships.** Program Planners/Instructional personnel have a **relevant** financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Planner/Presenter name:

Financial relationship with (name of Company/Organization):

Date form completed:

**What was received?** (Check all that apply)

 [ ]  Salary [ ]  Gift

 [ ]  Consulting fee [ ]  Grants

 [ ]  Intellectual property rights [ ]  In kind

 [ ]  Speaker Fee

 [ ]  Royalty

 [ ]  Honoraria

 [ ]  Hold patent on equipment

 [ ]  Other financial benefit (please describe): Click here to enter text.

 **For what role?** (Check all that apply)

 [ ]  Employment [ ]  Management

 [ ]  Teaching and speaking [ ]  Board Membership

 [ ]  Ownership [ ]  Consulting

 [ ]  Membership on advisory committee/review panels

 [ ]  Independent Contractor (including contracted research)

[ ] Other activities (please describe):Click here to enter text.

**Non-Financial Relationship Disclosure Form**

**Copy this page as many times as you need to complete information regarding each of your relevant non-financial relationships.** Program Planners**/**instructional personnel have a **relevant** non-financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Planner/Presenter Name: Click here to enter text.

 Non-financial relationship with (name of Company/Organization/Institution): Click here to enter text.

Date form completed: Click here to enter text.

What is the nature of the non-financial relationship? (Complete all that apply)

 [ ]  Personal, please describe: Click here to enter text.

 [ ]  Professional, please describe: Click here to enter text.

 [ ]  Political, please describe: Click here to enter text.

 [ ]  Institutional, please describe: Click here to enter text.

 [ ]  Religious, please describe: Click here to enter text.

 [ ]  Personal interest, please describe: Click here to enter text.

 [ ]  Bias, please describe: Click here to enter text.

For What Role?

[ ] Volunteer employment

 [ ]  Volunteer teaching and speaking

 [ ]  Board membership

 [ ]  Volunteer consulting

[ ]  Volunteer membership on advisory committee or review panels

[ ] Other volunteer activities (please describe): Click here to enter text.

**I attest that the information in this disclosure is accurate at the time of completion, and I agree to notify SEUCE of any changes to this information between now and the presentation (please initial):** Click here to enter text.

**PLEASE RETURN COMPLETED CALL FOR PAPERS and COMPLETED DISCLOSURE STATEMENT (S) BY AUGUST 20, 2021**

**Danielle R. Varnedoe** **daniell@mailbox.sc.edu**

**Session notification and the conference brochure/agenda will be sent by September 10, 2021.**