

# PRESENTER INFORMATION SHEET

## Family Partnership

### Parent and Caregiver Retreat

September 15-16, 2017

The Lodge of Four Seasons, Lake Ozark, MO

*Welcome to Hollywood... Starring You!*

**Closing date for submission: Friday, June 30, 2017 – 4:00 p.m.**

#### REGISTRATION FORM SUBMISSION

- Registration Forms will be accepted electronically via e-mail to [Kim.Reinhardt@health.mo.gov](mailto:Kim.Reinhardt@health.mo.gov) using the attached form. Forms may also be faxed to (573) 751-6237.
- Presentations will be scheduled for a 75-minute session. If a specific time is required, please indicate on the attached form. Every attempt will be made to accommodate your request but cannot be guaranteed until the agenda is finalized for the event.

#### AUDIENCE

Family Partnership members are biological, step or foster parents, family members or legal guardians of children and youth with special health care needs from diverse cultural and linguistic backgrounds. Attendance will be no more than 150 participants with typically 50/50 gender ratio and age range of 18-70. Participants represent a broad continuum of special health care needs within their families.

#### PRESENTATIONS

- Presentations will begin on Saturday, September 16, 2017 at 9:15 a.m. with the final presentation ending by 2:30 p.m.
- Family Partnership promotes People First language during all events and encourages presenters to do the same. If you are unfamiliar with People First language, please contact Kim Reinhardt for more information or visit [www.disabilityisnatural.com](http://www.disabilityisnatural.com).
- It is expected that common courtesy will prevail and presenters will refrain from using negative or inappropriate language. In addition, please abstain from expressing personal opinions of any sort including, but not limited to: providers, religion, race, sexual orientation, legislative officials, organizations, programs or services. Any presenter using inappropriate language or expressing personal opinions will be approached during the presentation and may be asked to discontinue their presentation.

#### AUDIO VISUAL

Family Partnership will provide a microphone, LCD projector, and screen. Should you need other accommodations, please contact Kim Reinhardt for arrangements.

#### REGISTRATION OF RETREAT

- Presenters are required to complete and return the attached Presenter Registration Form by **June 30, 2017**. Information from this form will be utilized in Retreat materials.
- Hotel accommodations and meals for presenters will be covered by Family Partnership **if online registration is completed by August 8, 2017**.
- Register online at: <https://health.mo.gov/familypartnershipregistration.php>



**TENTATIVE AGENDA**  
**Family Partnership**  
**Parent and Caregiver Retreat**  
**September 15-16, 2017**  
**The Lodge of Four Seasons, Lake Ozark, MO**  
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**Friday, September 15, 2017**

4:00 p.m.	Hotel Check In
3:00 p.m. – 5:00 p.m.	Exhibitor Set-Up
4:00 p.m. – 7:00 p.m.	Retreat Registration
5:00 p.m. – 7:00 p.m.	Networking Dinner
5:00 p.m. – 8:30 p.m.	Exhibits
6:45 p.m. – 7:00 p.m.	Retreat Kickoff & Medical Home Introduction
7:00 p.m. – 8:30 p.m.	Family Partnership Activity
8:30 p.m.	Announcements for Saturday & Adjourn for the Evening

**Saturday, September 16, 2017**

7:30 a.m. – 9:00 a.m.	Networking Breakfast & Exhibits
9:00 a.m. – 9:15 a.m.	Welcome
9:15 a.m. – 10:30 a.m.	Breakout Sessions
10:30 a.m. – 11:00 a.m.	Break, Hotel Checkout (by 11:00 a.m.) & Exhibits
11:00 a.m. – 12:15 p.m.	Breakout Sessions
12:15 p.m. – 1:15 p.m.	Networking Lunch & Exhibits
1:15 p.m. – 2:30 p.m.	Breakout Sessions
2:30 p.m. – 2:45 p.m.	Break & Exhibits
2:45 p.m. – 3:30 p.m.	Evaluations & Wrap-up
2:45 p.m. – 3:30 p.m.	Exhibitor Break-Down

