

JOINT PUBLIC HEALTH CONFERENCE

Hosted by

MPHA * MODHSS * MOCPE * MICH

It Starts Here: Investing in Public Health

September 23-25, 2025

**Holiday Inn Executive Center
Columbia, MO**

The Missouri Public Health Association, Section for Public Health Nursing, Missouri Department of Health and Senior Services, Missouri Center for Public Health Excellence and Missouri Institute for Community Health invite you to submit a proposal to present at the Joint Public Health Conference. The conference will have approximately 300 in attendance with exhibitors and sponsors and will be held September 23-25, 2025, at the Holiday Inn Executive Center in Columbia, Missouri.

CRITERIA

The PH Conference planning committee will review all proposals. Topics must:

- Address the conference theme, target audience, and challenge attendees to think creatively.
- Have potential for relevance across the state.
- Be clear, focused, well organized, and interactive.
- Feature experienced speaker(s) with significant expertise.
- Priority will be given to innovative ideas.

You will be notified by Monday, June 16, 2025, of your presentation's acceptance.

BREAKOUT SESSION TOPICS

COMMUNICABLE
DISEASE PREVENTION
& CONTROL

EMERGENCY
PREPAREDNESS &
RESPONSE

HEALTH EQUITY &
SOCIAL DETERMINANTS
OF HEALTH

LEADERSHIP &
MANAGEMENT
SERVICES

HEALTH EDUCATION
& COMMUNITY
OUTREACH

ESSENTIAL
PUBLIC
HEALTH

SPEAKER OBLIGATIONS & AGREEMENTS

- The Public Health Conference Committee will provide each speaker with an LCD projector, screen, and podium with microphone. Speakers are responsible for bringing their own laptops. Speakers will also provide any additional AV needs (CD players, speakers, etc.)
- Each presenter will receive one-day at no cost (education only) registration on the day of their scheduled presentation.
- Speaker must agree to pay member or non-member registration rates if participating in any meals other than breakout sessions and/or the exhibit hall on the day of their presentation.
- Presentations must be in-person only, no virtual presentations will be accepted.

Please submit your need for expense reimbursement and/or an honorarium and the approximate amount requested. This information will be taken into consideration during the presentation selection process.



PRESENTATION APPLICATION

(please type or print)

PRESENTER _____

Organization _____

Address _____

City/State/Zip _____

Phone _____ Email _____

CO-PRESENTER(S) _____

Organization _____

Phone _____ Email _____

PRESENTATION TITLE _____

TRACK: ☐ COMMUNICABLE DISEASE PREVENTION & CONTROL ☐ EMERGENCY PREPAREDNESS & RESPONSE ☐ HEALTH EQUITY & SOCIAL DETERMINANTS OF HEALTH ☐ LEADERSHIP & MANAGEMENT SERVICES ☐ HEALTH EDUCATION & COMMUNITY OUTREACH ☐ ESSENTIAL PUBLIC HEALTH

SPEAKING PREFERENCE: ☐ WEDNESDAY, SEPT. 24TH (1-HOUR) ☐ THURSDAY, SEPT. 25TH (1-HOUR) ☐ PRE-CONVERENCE ALTERNATE TUESDAY, SEPTEMBER 23RD (4-HOUR PRESENTATION)

PLEASE ATTACH TO YOUR APPLICATION THE FOLLOWING:

- ☐ Biography sketch (50 words or less)
- ☐ Three measureable presentation objectives
- ☐ One paragraph narrative description for use in the program
- ☐ Target audience for presentation
- ☐ Other information relevant to purpose and content of program

Please submit your need for expense reimbursement and/or an honorarium and the approximate amount requested. This information will be taken into consideration during the presentation selection process.

I understand there will be a registration fee if I participate in any meals and/or attend breakout sessions on any day other than the one on which I will be a presenter. I understand that promoting a company, service or product during my presentation is prohibited. I will inform my co-presenter(s) of these policies.

Presenter's Signature _____ **Date** _____

Electronic submissions are preferred. Please email all information to sboeckman@mopha.org.
MUST BE RECEIVED BY Friday, May 30, 2025, to be considered.

For other information, contact MPHA directly.
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