



March 9-12 | Las Vegas

Blank Proposal Form

The HIMSS Global Health Conference & Exhibition is committed to amplifying all voices and welcomes diversity, equity, and inclusion of all types. Please ensure that your proposal is a good balance and blend of diversity in gender, representation, and ideas.

The HIMSS26 Call for Proposals is located in the HIMSS Global Proposal Submission Portal. Make sure you select that you are submitting for **HIMSS26 Global Conference and Exhibition General Education Sessions**.

Use this form to document proposal content prior to entering data online. It replicates the questions in the HIMSS26 Call for Proposal submission site, where proposals are required to be submitted. *Emailed proposal files are not accepted.* Submit complete online proposal application by the deadline date. Late proposals are not accepted.

Welcome to the HIMSS26 Call for Proposal Application!

Before you begin, please review and familiarize yourself with the proposal instructions on the website at [Call for Proposals for HIMSS26 | HIMSS](#).

As you move through the submission process, please keep in mind continuing education guidelines require content be free of commercial bias.

ALL proposal sections (Submitter Information tab, Speaking and Content Creation Opportunities tab, Proposal Content tab, and Speaker Information tab) must be completed in full detail and then submitted by selecting the Submit button for consideration by the deadline date.

- Remember to **Save** your data entry on each section of the proposal application to prevent loss of data. The **Save** button is located on the bottom of the page of each section. Once all required fields have been completed you can either:
 - Select **Save** if you need to go back and edit your proposal at a later time.
Or
 - If you select **Save and Submit** and you have submitted your proposal for consideration. **NOTE:** Once you select **Save and Submit** you will no longer have access to your proposal and changes will not be accepted. All proposals must be completed and then **Saved and Submitted** for review and consideration. Draft/Incomplete proposals will not be reviewed.

Defense Health Agency Proposal Submitters - Active duty military personnel and civilians with the Defense Health Agency (DHA) should only submit proposal content to [Kaitlin Prindle](#), phone number: 571-286-8143.

Questions?

Contact gpsp@himss.org

Submitter Information Tab

Provide submitter contact information. The submitter will be notified of any updates and will receive the accept/decline notification emails sent in September, 2025.

Speaking and Content Creation Opportunities Tab

***Select the Event or Program:** (For HIMSS26, please select below from drop down box)

- **HIMSS26 Global Conference and Exhibition General Education Sessions**

Proposal Content Tab

Content and materials – This section contains the details on the submission including the presentation description, learning objectives, target audience, detailed content, etc.

Helpful Hints:

- Remove all formatting (do not use bullet points, etc.) before copying and pasting from another source.
- Please do not copy and paste content from word processors like Microsoft Word into the proposal form. The form works best if you copy and paste from text editors like Notepad.
- Identify the source(s) of your information/data.

HIMSS reserves the right to change your selected topic category, session format, session level as needed. If accepted, HIMSS may copy edit your session description and learning objectives for marketing materials.

Important Requirements:

1. Defense Health Agency Proposal Submitters - Active-duty military personnel and civilians with the Defense Health Agency (DHA) should only submit proposal content to Kaitlin Prindle, kaitlin.s.prindle.ctr@health.mil, phone number 571-286-8143.
2. The proposal must not promote an organization, product and/or service. Avoid endorsements: do not explicitly endorse any products, solutions or services in your presentation. Your role as speaker is to inform, not to sell.
3. It is recommended that proposals submitted by consultants or market suppliers include a provider/user participant as the primary speaker. For continuing education purposes, any form of commercialism or vendor bias in the proposal will not be accepted.
4. When submitting a proposal, please ensure you provide comprehensive details and substantiating evidence that supports your content. Results, KPIs, outcomes must be included in the proposal. Proposals that do not yet have this data will not be considered and should be submitted once complete data is available. This will not only strengthen your proposal but also facilitate the review scoring process. Detailed proposals with clear evidence enable reviewers to fully understand the scope, feasibility, and impact of your submission.
5. Complete all components of the proposal. Do not enter NA/TBD/TBA in text box fields.
6. Be succinct in your text answers and avoid redundancy. Convey the critical points under each content section.
7. Check for spelling errors.
8. Include any URL links to charts/graphs/figures. Include references to existing works to build a case/rationale and discuss the broader generalizability of a case study. May also contain hyperlinks to open-source tools/websites.
9. Identify and cite all sources and/or include all necessary acknowledgements.
10. Obtain written permission from copyright holder to reproduce/include previously published figures, tables or text excerpts and acknowledge the original source in the figure caption or as a footnote.
11. All necessary approvals/clearances are obtained before submission.
12. Proposal must not contain plagiarism, invasion of privacy, violation of proprietary right or copyright, libelous or injurious matter.
13. Once a proposal is accepted, speaker and content changes are not automatically added. The proposal was accepted as submitted. However, if you wish to request a speaker replacement or content change it must be reviewed and approved by the review team.

Not meeting the above requirements may result in low review scores and/or ineligibility for some Call for Proposals/Speakers.

***Proposal Title: (10 word limit)**

Please enter the proposal title below. Capitalize the first letter of each word except prepositions, conjunctions and articles. Do not use organization names in proposal titles.

*** Brief Summary Description (150 word limit)**

Provide a brief snapshot of the presentation including a brief rationale, findings and take-home message. If your proposal is selected, this brief summary description will appear in marketing materials, the website, etc. Do not list speaker names or organization names in this description.

***Session Level** (please select one):

- **Introductory** — Provides a broad-based overview of a topic; assumes attendees have little to no knowledge of the subject matter; the content delivered is considered basic and of a non-technical nature for the layperson's consumption. (Equivalent to a Freshman-level baccalaureate class or 100-series level of instruction).
- **Intermediate** — Assumes that the content delivered will address topics beyond the beginner level but does not stray into deeply advanced content or concepts; provides a moderate level of subject matter that adds to and enriches attendees' understanding; (Equivalent to a sophomore- or junior-level baccalaureate class or 200- or 300-series level of instruction.)
- **Advanced** — Provides an extraordinarily intense and advanced level of content that is beyond the intermediate level; subject matter attains a greater analysis and methodological sophistication. Knowledge of foundational concepts is expected. (Equivalent to a senior seminar or graduate-level series of instruction.)

***Topic Category** – Please select one main topic category and one sub-topic.

Artificial Intelligence in Healthcare - Exploring AI's transformative role across healthcare.

- AI Policy, Governance, and Ethics
- AI Applications for Operational, Administrative, & Strategic Transformation
- AI Implementation, Integration, and Scaling Efforts
- Clinical AI Solutions for Care Delivery and Patient Outcomes
- Data Infrastructure, Challenges, and Risks of AI
- Future Trajectory of AI in Healthcare Innovation

Digital Health Transformation - Integrating technologies into care delivery to create a connected, patient-centered healthcare system that improves health outcomes, care delivery, and data-driven decision making.

- Alternative and Digitally-Enabled Care Delivery Models
- Data-Driven Decision Making
- Digital and Analytics Strategy, Transformation, and Technical Infrastructure
- Emerging and Health Technologies and Innovation
- Interoperability and Standards and Health Information Exchange
- Patient-Centered Experience and Engagement
- Population Health and Public Health Intelligence
- Predictive Analytics
- User Experience, Usability and User-Centered Design

Cybersecurity - Protecting electronic health information by ensuring confidentiality, integrity, and availability across healthcare systems.

- Business Continuity
- Cybersecurity Governance
- Disaster Preparedness
- Incident Response
- Security Awareness Training

Business and Financial Management - Guiding health leaders toward financial sustainability and operational excellence.

- Change Management and Process Improvement
- Clinically Integrated Supply Chain
- Entrepreneurship and Start-ups for Innovation
- Financial Optimization
- Organizational Management
- Project Management
- Revenue Cycle Management
- Value-Based and Outcomes-Driven Care Models

Health Equity - Ensuring everyone has a fair and equitable opportunity to attain their highest level of health through technology.

- Access and Barriers to Care
- Digital Literacy
- Health Disparities and Inequalities
- Social Determinants of Health

Public Policy - Addressing the core issues of digital health with advocacy and public policy.

- Regional Public Policy (Americas, LATAM, APAC, EMEA)
- State/Provincial-Level Public Policy and Legislation
- Advocacy
- Data Systems Modernization Public Policy
- Private Sector vs Government Roles

Workforce - Preparing people and organizations to tackle what's next in health and wellness.

- Education and Preparing Workforce of the Future
- Leadership
- Professional Development
- Recruitment, Retention, Employee Wellness

***Select the top three primary professional roles for which your presentation is targeted?** (select three from list below)

- Advocacy Groups Focused on Patient, Family Member, or Caregiver
- Allied Health Professional
- CEO/COO
- Chief Data Officer
- Chief Digital Officer/Chief Digital Health Officer
- Chief Quality Officer and Chief Clinical Transformation Officer
- CIO/CTO/CTIO/Senior IT
- CISO/CSO
- Clinical Engineering Professional
- Clinical Informaticist
- CMIO/CMO
- CNIO/CNO
- Clinical Technologist
- Consultant
- CFO/VP Finance/Compliance Officer
- Consumer Advocate Groups
- Data Scientist
- Early Careerist
- First Time Attendee
- Government or Public Policy Professional
- Healthcare Financial/Administrative Professional
- Investor, Entrepreneur, Start Up Leader/Strategist
- IT Professional
- Information Management Professional
- Life Sciences Professional
- Management Engineering or Process Improvement Professional

- Military Health Professional
- Nurse
- Nurse Practitioner
- Payer
- Pharmacy Professional
- Physician or Physician's Assistant
- Population Health Management Professional
- Project Manager
- Programmers/Developers
- Professor/Academician
- Public Health Practitioner
- Quality Professional
- Research and Development Professional
- Student
- Supply Chain Management Professionals/Clinicians
- VP of other IT/IS Department

*Does this proposal include a speaker from an organization that has achieved Stage 7 on at least one [HIMSS Maturity Model](#) and/or a score on the [Digital Health Indicator](#)? Yes/No

If yes, select the Maturity Model(s):

Select all that apply.

- AMAM
- C-COMM
- CCMM
- DHI
- DIAM
- EMRAM
- INFRAM

*Learning Objectives

- HIMSS requires the use of Bloom's Taxonomy. Please see learning objective instructions below and on website for more details.
- List 3 learning objectives, utilizing Bloom's Taxonomy, to describe what attendees will gain by attending this session. Do not use Understand or Learn.
- Each learning objective should be **one-sentence, short and concise**, without a period at the end of the sentence.
- 50 words max for each learning objective, do not use periods.

Examples

Poor Wording - Understand how to modulate pain therapy by addressing psychological and personality issues. **Why?** The term "understand" is not measurable.

Better Wording - Identify strategies to modulate pain therapy by addressing psychological and personality issues in patients with chronic pain.

Poor Wording Become familiar with stage 1 therapies for hypertension. **Why?** The objective is unmeasurable and does not describe the action that the learner should be able to take.

Better Wording - Describe the therapies within ASH guidelines for stage 1 hypertension.

Poor Wording Implement the patient counseling in your practice. **Why?** While implementation is always a goal of a CE activity, it is not something we can measure via a typical CE activity.

Better Wording - List strategies for implementing patient counseling at a practice site.

Suggested Verbs for Continuing Activities by Domain

Cognitive Domain (Bloom)

Knowledge	To arrange, define, duplicate, label, list, memorize, name, order, recognize, relate, recall, repeat, reproduce, state
Comprehension	To classify, describe, discuss, explain, express, identify, indicate, locate, outline, recognize, report, restate, review, select, translate
Application	To apply, choose, demonstrate, dramatize, employ, illustrate, interpret, operate, practice, schedule, sketch, solve, use, write

Analysis	To analyze, appraise, calculate, categorize, compare, contrast, criticize, differentiate, discriminate, distinguish, examine, experiment, investigate, question, research, test
Synthesis	To arrange, assemble, collect, compose, construct, create, design, develop, formulate, manage, organize, plan, prepare, propose, setup, write
Evaluation	To appraise, argue, assess, attach, choose, compare, defend estimate, judge, predict, rate, core, select, support, value, evaluate

***Learning Objective 1:**

***Learning Objective 2:**

***Learning Objective 3:**

***Session Format** (please select one) You are required to limit the number of speakers per session format as listed below. Please ensure each speaker provides a meaningful contribution to the objectives of the session.

- **30-Minute Case Study**, 2 speaker limit
- **60-Minute Case Study**, 3 speaker limit
- **30-Minute Best Practice**, 2 speaker limit
- **60-Minute Best Practice**, 3 speaker limit
- **60-Minute Panel Discussion**, 3 panelist and 1 moderator limit
- **60-Minute Fishbowl Session**, 3 panelist and 1 moderator limit
- **60-Minute Workshop**, 3 facilitator limit

Presentation Content Outline

When providing presentation content, please provide complete details and make certain to identify and cite data sources. Reviewers score proposals lower if not enough detail is provided. Please refer to the content requirements listed at the beginning of the content section. Also, pay close attention to the required fields based on your session format selection above.

Required field for ALL session formats:

***Organization** (required field for ALL session formats: Workshops, 30-Minute Best Practice, 60-Minute Best Practice, 30-Minute Case Study, 60-Minute Case Study, and 60-Minute Panel Discussion and 60-Minute Fishbowl) - Provide a brief description of the speaker(s) organization(s) including location, size, type of organization such as healthcare, hospital, consultant, government, market supplier, etc., and the role(s) this organization served in the topic of this proposed session. (250 word limit)

***Background** (required field for ALL session formats: Workshops, 30-Minute Best Practice, 60-Minute Best Practice, 30-Minute Case Study, 60-Minute Case Study, and 60-Minute Panel Discussion and 60-Minute Fishbowl) - Provide an introduction/background of your topic including the problem statement, goals, objectives, etc. (500 word limit)

Required for 30-Minute Best Practice, 60-Minute Best Practice, 30-Minute Case Study, 60-Minute Case Study, and 60-Minute Panel Discussion, and 60-Minute Fishbowl Session Formats:

***Methods - (not required for workshop format, required for all other session formats)** Describe the study/project/process implementation used and provide a timeline. If applicable, include data collection methods and how it was measured. **NOTE:** For workshops, enter the word Workshop in Methods required text box. (500 word limit)

***Challenges (not required for workshop format, required for all other session formats)** - Describe any barriers or challenges and identify considerations or best practices the organization followed to mitigate these barriers. **NOTE:** For workshops, enter the word Workshop in Challenges required text box. (500 word limit)

***Results/Findings (not required for workshop format, required for all other session formats)** - Required to have outcomes data available at the time of this proposal submission. Identify any outcomes data (e.g. key performance indicators, pre-/post- implementation performance, or current performance data). If applicable, include how other variables not part of your study were accounted for and how factors (such as age, ethnicity, etc.) were adjusted pre-/post interventions so as to eliminate them as a co-founder. **NOTE:** For workshops, enter the word Workshop in Results/Findings required text box. (500 word limit)

***Conclusions (not required for workshop format, required for all other session formats)** Describe any conclusions such as lessons learned, outcomes, translation potentials to other sites, any clinical or organizational pearls, bottom line upfront. **NOTE:** For workshops, enter the word *Workshop* in Conclusions required text box. (250 word limit)

***Next Steps/Follow Up (not required for workshop format, required for all other session formats)** - Provide any next steps/follow-up that are important to this presentation. **NOTE:** For workshops, enter the word *Workshop* in Next Steps/Follow Up required text box. (250 word limit)

Required for Workshop Formats (other session formats may skip this section, not needed):

1. ***Learning Objectives and Outcomes**
 - How will the learning objective outcomes directly benefit participants' role in healthcare IT?
2. ***Workshop Content and Structure**
 - Please provide a detailed outline of your 60-minute workshop (see link for further guidance), including:
 - Main topics to be covered
 - Time allocation for each segment
 - Interactive elements or hands-on activities
 - Tools or technologies that will be demonstrated
3. ***Workshop Prerequisites**
 - What level of expertise should participants have to fully benefit from your workshop? Please specify any technical prerequisites or background knowledge required.
4. ***Real-World Application**
 - Describe a specific healthcare IT challenge or problem that your workshop addresses and provide at least one concrete example of how attendees can apply the workshop content in their organizations.
5. ***Presenter Expertise and Experience**
 - What unique qualifications, experience, or insights do you bring to this topic? Please highlight relevant projects, implementations, or research that demonstrates your expertise in both healthcare IT and the specific workshop subject matter.

Speaker Information Tab

Before submitting a proposal or if submitting on behalf of another, all persons listed as speakers must agree to and have knowledge of being included in the proposal.

It is recommended that proposals submitted by consultants or market suppliers include a provider/user participant as the primary speaker. For continuing education purposes, any form of commercialism or vendor bias in the proposal will not be accepted.

You are required to limit the number of speakers per session format as listed below. Please ensure each speaker provides a meaningful contribution to the objectives of the session.

Maximum Number of Speakers

- 30-minute Case Study Session: 2 speaker limit
- 60-minute Case Study Session: 3 speaker limit
- 30-minute Best Practice Session: 2 speaker limit
- 60-minute Best Practice Session: 3 speaker limit
- 60-minute Panel Discussion: 3 panelist and 1 moderator limit
- 60-minute Fishbowl: 3 panelist and 1 moderator limit
- 60-minute Workshop: 3 facilitator limit

Complete fields for each speaker:

*** Role** - Please select one option below identifying your role:

- Speaker
- Panelist
- Moderator
- Facilitator

*** Questions for each Speaker/Panelist/Moderator to complete:**

- Speaker First Name:
- Preferred Name:
- Speaker Middle Initial:
- Speaker Last Name:
- Phonetic Spelling of Full Name (*Write your name as pronounced, not as it is spelled. Example: John Barowski = John Ba-ROFF-skee*):
- Suffix:
- Credentials: (e.g., MD, RN, PhD, CPHIMS, etc)
- Job Title:
- Organization:
- Is the speaker a HIMSS member? (Yes/No)
- Address 1:
- Address 2:
- City:
- State:
- Zip:
- Country:
- Email:
- Mobile Phone:

Social Media Accounts

- **If you have a LinkedIn account, please enter your URL address.**
- **If you have an X (previously Twitter) account, please enter your X handle.**
- **If you have a Bluesky account, please enter your URL address.**
- **If you have a YouTube account, please enter your URL address.**
- **If you have a Facebook account, please enter your URL address.**
- **If you have an Instagram account, please enter your URL address.**
- **If you have a WhatsApp account, please enter your URL address.**

*** Worksite:** (please select one main category and then a sub-category)

Healthcare Provider

- Academic Medical Center
- Ancillary Clinical Service Provider
- Behavioral Health
- Community Health Center Clinic
- Critical Access Hospital
- Enterprise Imaging
- Government Health Provider
- Home Healthcare Org
- Hospital, Multi-Hospital System, IDS
- Hospital-owned Ambulatory Clinic, IDS
- Independent Ambulatory Clinic
- Long Term and Post Acute Care Facility
- Payer, Health Plan
- Pharmacy
- Public Health

Others Allied to Healthcare

- Academic Education Institution
- Banks/Financial Services
- Entrepreneur, Startup, Disrupter

- Financial, Legal, Investment Firm
- Government
- Healthcare Consulting Firm
- HIE Organization
- Legal
- Market Supplier
- Pharma / Life Sciences
- Professional Assn/Society

***Biography of speaker's professional background** – (250 words max) If accepted, the speaker bio will appear on the conference website. Please do not post an actual resume/CV. If submitting multiple proposals with the same speaker, please ensure you use the same speaker biography for each proposal submission. Please note that the last biography entered or changed on the proposal application will be the one used on the conference website.

***Public Speaking Experience** – (500 words max) List the most recent three presentations you have made at regional and national meetings. Identify speaking organization, date, program and name of your presentation.

***Speaker Photo** - Speaker photos will only be used if your proposal is accepted for marketing materials. Speaker photos are not used in the review process.

Image Requirements:

- Image should be a professional headshot photo; color is preferred but B&W is acceptable.
- JPG, JPEG, PNG files formats are accepted.
- Images should be square at least 1024px wide and 1024px tall (keep proportions of photo, no need to crop to this size).
- Images should be proper ratio either 1:1 or 2:3; square
- Maximum file size is 4MB.
- File Name must be: Firstname_Lastname.xxx
 - Firstname and Lastname should be the speaker's name only.
 - "xxx" is the appropriate associated file extension (JPG, JPEG, PNG).
- Be sure to click on "Add" or "Update" and then "Save" located at the end of the each speaker page.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Financial Relationship(s) Disclosure | Conflict of Interest (COI)

In support of improving patient care, HIMSS collaborates with the accrediting organization Partners for Advancing Clinical Education ("Partners"). Partners is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. All prospective planners, faculty, and others who may control educational content in Partners jointly provided activities are expected to disclose all financial relationships they have had in the past 24 months with ineligible companies, prior to the beginning of the accredited CE activity. An ineligible company is any

entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients (for specific examples of ineligible companies, visit [What is the ACCME's definition of an ineligible company? | ACCME](#)). There is no minimum financial threshold; Partners asks that you disclose all financial relationships, regardless of the amount with ineligible companies and regardless of the potential relevance of each relationship to the education. Partners must identify and mitigate any relevant financial relationships prior to activity development. In accordance with the ACCME, failure to provide disclosure information in a timely manner will result in your disqualification as a potential planner, faculty member, author, activity chair, or reviewer in this activity.

Examples of Financial Relationships

1. **Owner** (e.g., sole proprietor, stockholder in privately held company)
2. **Executive Role** (e.g., Board of Directors, non-salaried role)
3. **Researcher** (Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.)
4. **Consultant, Advisor, Speaker** (e.g., advisory boards, speakers' bureaus); Independent Contractor (Including contracted research)
5. **Royalties or Patent Beneficiary** (Include product name along with Manufacturer/Company. Product information will be used only to identify degree of conflict and will NOT be disclosed to the learners.)
6. **Individual publicly traded stocks and stock options** (diversified mutual funds do not need to be disclosed).

For specific examples of ineligible companies, visit accme.org/standards

***Have you had any financial relationship in any amount in the last 24 months with any ineligible company?** Yes/No

If yes, please report all conflicts:

***Name of ineligible company in the last 24 months:**

***Type of Financial Relationship:**

- Owner
- Employee
- Executive Role
- Researcher
- Consultant, Advisor, Speaker
- Independent Contractor
- Royalties or Patient Beneficiary
- Individual Publicly Traded Stocks and Stock Options
- Other

***List specific clinical area/disease state expertise/drug that relates to your relationship with the listed ineligible company.**

***Has the relationship ended? If the financial relationship existed during the last 24 months but has now ended, please check the box.**

- Yes, the relationship has ended.
- No, this is an ongoing relationship.

Do you have another financial relationship to report? If yes, please add. If no, please continue to next COI Agreement question.

***COI Agreement (must select both)**

- I attest that clinical recommendations will be evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines).
- I agree to disclose any unlabeled/unapproved uses of drugs or products referenced in my presentation/materials.

Speaker Signature:

Date:

Each speaker must report if they have no conflicts or if they do they must list all conflicts, agree to terms, sign, date the form.

HIMSS Recording and Publication Authorization (PRA)

I hereby grant to the Healthcare Information and Management Systems Society ("HIMSS") and its subsidiaries, affiliates, agents, representatives, licensees, distributees, and successors and assigns, an exclusive, perpetual, fully paid-up, royalty-free, worldwide license (with the right to sublicense) to do any and all of the following:

Record, reproduce, use, publicly perform, publicly display, distribute or sell in any medium and to prepare derivative works of my presentation and any accompanying presentation materials (e.g., slides, handouts, speech, etc.) (collectively, the "Presentation").

Use my name, likeness, photo, voice, appearance, biographical information, statements, and performance in association with the Presentation and take photographs, record, project, stream, and broadcast the foregoing for the roles (e.g., speaker, moderator, facilitator, etc.) that I participate in a HIMSS Event. If my presentation is selected for distribution during the HIMSS Event, I understand that I may be asked to pre-record my session approximately 2 to 3 months prior to the live engagement. By checking this box, I agree to meet deadlines to produce and record my presentation in adherence to the timelines that will be established. This recording may be used in lieu of a live presentation, should a situation arise that requires this. However, under normal circumstances, it will not otherwise be released for distribution and consumption until after live delivery at the event. In consideration of the foregoing, HIMSS agrees to acknowledge my contribution to the Presentation. HIMSS reserves all rights to determine if/when the Presentation will be presented and otherwise used.

Without limiting any of the foregoing, I acknowledge that such reproduction, use, public performance, public display, distribution, sale, and preparation of derivative works may include, but is not limited to, audiotapes, videotapes, web broadcasting, live simulcast, rebroadcasts, printed materials, and electronic/digital/computer media and other media. The Presentation may be edited as reasonably deemed necessary by HIMSS, and I forever waive any and all rights to royalties that may arise as a result of my participation.

I hereby agree that:

1. I will not present my HIMSS Event approved presentation for a period of three months prior to the date of the HIMSS Event.
2. I will not record (audio/video) and/or livestream my performance of the Presentation at the event. Should I desire to obtain a recording (audio or video) of my performance of the Presentation at the event, a request for such recording must be made in writing directly to HIMSS and shall be granted solely in HIMSS's discretion. Barring such written request and approval, I shall have no rights to make, display, re-purpose or otherwise use any recording of my performance of the Presentation at the event.
3. As a courtesy, I will notify my HIMSS liaison in writing should this presentation be presented again within three months post- HIMSS Event.

I represent, warrant, and covenant the following:

1. I hold all rights to this Presentation, unless I created the Presentation in my role as an employee of the Federal government or unless this is a work made for hire under applicable law. The Presentation is original and that I am the sole author or co-author and owner or co-owner of the Presentation and have full power to make this declaration; and no agreement to publish is now outstanding; that it contains no matter

libelous or otherwise unlawful or which invades individual privacy or which infringes any proprietary right at common law or any statutory copyright.

2. I will indemnify, defend, and hold harmless HIMSS, its subsidiaries, affiliates, agents, representatives, licensees, distributees, and successors and assigns (each an "Indemnified Party" and collectively "Indemnified Parties"), and any and all Indemnified Parties, against any and all suits, claims, demands, or recoveries, including but not limited to damages, costs, expenses, and attorneys' fees, which may be made, taken, or incurred at any time by or against any and all Indemnified Parties, which, directly or indirectly, arise from or relate to the Presentation or the license granted hereunder.
3. On behalf of myself, my heirs, and my successors, and assigns, I hereby release any and all claims against the Indemnified Parties, which, directly or indirectly, arise from or relate to the Presentation or the license granted hereunder.
4. If the Presentation contains a work made for hire under applicable law, I have the authority to bind my employer to this license granted hereunder. In this case, "I" is understood to include myself and my employer.
5. I have obtained all necessary clearances and licenses (including, but not limited to, any graphics, photographs, music, or sound that is or may be copyrighted by a third party), have cited all sources and /or included all necessary acknowledgements. Where I am using a previously published figure, table or text excerpt, I obtained written permission to reproduce it from the copyright holder, and I have acknowledged the original source in the caption for a figure or as a footnote to a table or text excerpt.
6. In the event that HIMSS shall commence any suit or action to interpret or enforce the agreements under this Authorization, I agree to reimburse HIMSS for its costs and expenses incurred in connection with such suit or action, including attorney fees and costs.

Pre-Recording Agreement

If my presentation is selected for distribution during the HIMSS Event, I understand that I may be asked to pre-record my session approximately 2 to 3 months prior to the live engagement. By checking this box, I agree to meet deadlines to produce and record my presentation in adherence to the timelines that will be established. This recording may be used in lieu of a live presentation, should a situation arise that requires this. However, under normal circumstances, it will not otherwise be released for distribution and consumption until after live delivery at the event. All rights, obligations, and promises made in this Agreement apply to pre-recorded presentation content in the same manner as live presentations.

☐ Yes, I understand and agree to these terms.

PA Agreement (select one)

☐ I permit HIMSS to record, publish or otherwise make my participation as session host and/or presentation available to the public or HIMSS members beyond the live presentation at the HIMSS Event.

☐ I do NOT permit HIMSS to record, publish or otherwise make my participation as session host and/or presentation available to the public or HIMSS members beyond the live presentation at the HIMSS Event.

Name of Employer (if work made for hire):

Speaker Signature:

Date:

These forms must be completed for each speaker on the proposal application site.