

**2015 OSAP ANNUAL SYMPOSIUM INVITED SESSION PLANNING FORM**  
**May 28-30, 2015 Baltimore, MD**  
**“Infection Control – Gaining the Edge”**

For Office Use Only <b>Proposal No:</b> <b>Orig. Date:</b> <b>Rev. Date:</b>
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OSAP is the global leader in safety and infection control in oral healthcare. The goal of the 2015 symposium is to create and empower champions in the safe delivery of oral healthcare through didactic, interactive and networking sessions. The symposium will address evolving guidance and emerging issues while delivering the most relevant science, policies and procedures for patient and provider safety and infection control and prevention.

**Symposium Educational Goals:** After attending the 2015 OSAP Symposium, participants will be able to:

- Describe current and emerging issues related to infection prevention and safety in oral healthcare.
- List new resources, tools and networks to optimize compliance.
- Identify important attributes to develop and enhance global leadership for the optimal delivery of infection prevention and safety.

**Please note-Due to funding changes, no funds will be available to support speaker travel.**

<b>Title of Overall Session Title:</b>			
<b>Proposed as a:</b> ( ) Plenary      ( ) Concurrent      ( ) Either			
<b>Session Coordinator/Moderator</b> Responsible for program development, solicitation of speakers, their contact information.	<b>Name:</b>	<b>Credentials:</b>	<b>Title:</b>
	<b>Organization:</b>		
	<b>Address:</b>		
	<b>City, State, Zip:</b>		
	<b>Email:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Brief narrative of proposed purpose, goals and content of the session: 150 words maximum</b>			
<b>Educational Objectives: 4 maximum, please</b>			
<b>Speaker's Name, Credentials*</b>  Please note-Due to funding changes, no funds will be available to support speaker travel	<b>Contact Information</b>  (This information must have complete information in order for National Office to send agreement and to follow up with speakers when necessary)		<b>Topic/Title</b>
			<b>Speaker contacted.</b> Will present if session is selected. <b>Indicate Y/N for each speaker</b>
1	Title: Organization: Address: City, Email:	Ph:                      Fax:	
2.	Title: Organization: Address: City, State, Zip: Email:	Ph:                      Fax:	

**\*NOTE: Number of speakers should not exceed more than two in a one hour period and between 1/4 and 1/3 of the session time to be set aside for discussion.**

Please e-mail by November 14, 2014 to [tlong@osap.org](mailto:tlong@osap.org) . Use additional pages as needed. More information may be required for selected sessions.