Call for Proposals: LGBTQIA+ Health Summit

We are now accepting session proposals for our first LGBTQIA+ Health Summit, on April 22, 2023. The conference will be hybrid, which means you can offer a session that is either virtual, in-person, or both. Please note that not all sessions may be offered both online and in-person, and some session recordings may become available virtually following the Summit date. If for some reason we are unable to host the Summit in-person, then we will update our presenters and attendees accordingly as we transition to a fully remote event. Participants will be asked to wear masks in all indoor spaces at VT Tech College.

We invite people from across the Vermont region to come together and share their insights and experiences with a focus on LGBTQIA+ Health, Wellness, and Justice. Whether you are an LGBTQIA+ person, faemily member, caregiver, or provide direct care and services to the LGBTQIA+ community and youth, we want to hear from you! Read on to learn more about the goals of the conference and what we are looking for in session proposals.

In the meantime, mark your calendars:

Proposal submissions are due by Midnight on Friday, February 10, 2023.

* Required

Demographic Information

If there are multiple presenters, please separate your responses with a semicolon ';' Example: Dolly Parton; Lady Gaga

| 1. | Full Name: * | |
|----|--------------|--|
| 2. | Pronouns: | |

| 3. | Sexual Orientation: | | |
|----|--|-----------|--|
| 4. | Gender Identity: | | |
| 5. | Race / Ethnicity: | | |
| 6. | Organization (if presenting in official ca | apacity): | |
| Co | ntact Information | | |
| 7. | Email: * | | |
| 8. | Phone Number: | | |
| | | | |

| 9. | Preferred Method of Contact: * |
|-----|---|
| | Mark only one oval. |
| | Email |
| | Phone |
| | Other: |
| | Proposal Information |
| 10. | Presenter(s) Bio: * |
| | |
| | |
| | |
| | |
| 11. | Session Name: * |
| 12. | Intended Audience: * |
| | Check all that apply. |
| | ☐ Community Members ☐ Direct Service Staff / Care Providers |
| | ☐ Community Organizers ☐ General Audience |
| | Other: |

| 13. | Session Category: * | | |
|-----|-------------------------------------|--|--|
| | Check all that apply. | | |
| | General Health | | |
| | Health Justice | | |
| | Community Organizing | | |
| | Global Majority / BIPOC Care | | |
| | Elder Care | | |
| | Youth Care | | |
| | Transgender / Non-Binary / GNC Care | | |
| | Environment Healing | | |
| | Anti-Violence | | |
| | Sexual Health & Pleasure | | |
| | ☐ Harm Reduction | | |
| | ☐ Drugs & Substance Use | | |
| | ☐ Prevention | | |
| | Policy & Procedures | | |
| | Other: | | |
| | | | |
| | | | |
| 14. | Intended Session Length: * | | |
| | Mark only one oval. | | |
| | 30 minutes | | |
| | 60 minutes | | |
| | More than 1 hour | | |

| 5. | Session Description: * |
|----|--|
| | |
| | |
| | |
| ó. | Session Agenda: |
| | Provide a description of how you expect the session to run |
| | |
| | |
| | |
| 7. | Would you like to offer this session outdoors? |
| | Mark only one oval. |
| | Yes |
| | ○ No |
| | Maybe |
| 3. | Why do you want to offer this session?* |
| | why do you want to oner this session: |
| | |
| | |
| | |

Accessibility Needs

Please contact our team at Summit@pridecentervt.org with additional accessibility needs, questions, or concerns.

| 9. | What are your accessibility needs?* | |
|----|--|----|
| | Please respond 'N/A' if you do not have any accessibility needs at this time. | |
| | | |
| | | |
| | | |
| | | |
| | Payment | |
| 0. | Will your participation in the Summit be funded by another organization? | * |
| | Mark only one oval. | |
| | Yes | |
| | ◯ No | |
| | Other: | |
| | | d. |
| 1. | Would you like to apply for a stipend payment if you are selected to present your session at the Summit? | * |
| | Mark only one oval. | |
| | Yes | |
| | ◯ No | |
| | Maybe | |

| 22. | Will you need to travel to the Summit if you are selected to present your session? | | | |
|-----|--|--|--|--|
| | Mark only one oval. | | | |
| | Yes | | | |
| | ○ No | | | |
| 23. | If you will be traveling for the Summit, where will you be traveling from? | | | |
| 24. | If you will be traveling for the Summit, will you need assistance with housing accommodations? | | | |
| | Mark only one oval. | | | |
| | Yes | | | |
| | No | | | |
| | Maybe | | | |
| | Additional Information | | | |
| 25. | Is there any additional information that you would like to share with the | | | |
| | Summit organizers as we review your submission? | | | |
| | | | | |
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