



Faculty Development PRESENTATION PLAN

Event Organizers

Office of Faculty Development | University of Nebraska Medical Center | Omaha, NE 68198-5511

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Presentation Information

Presentation Title: _____

Presentation Description (3-6 lines): _____

Date: _____

Time (Time Zone): _____

NOTE: Zoom presenters may log on up to 30 minutes prior to start to test technology or schedule a practice session.

Presentation Mode:

- ☐ Virtual via Zoom
- ☐ Live, In-Person
- ☐ Hybrid

Presenter Best Practices

The presenter will endeavor to use engaging or interactive presentation techniques such as:

- ☐ Use of compelling stories and/or data
- ☐ Strategic pause for purposeful discussion and/or practice (live or virtual chat)
- ☐ Learning-friendly slide design
- ☐ Help learners plan their immediate next steps (applied learning)

Presenter Support Needs *(Please check all that apply)*

- ☐ Flip chart
- ☐ Easel
- ☐ Markers
- ☐ Computer or computer connection (laptop type: _____)
- ☐ Lavalier microphone
- ☐ Handouts printed
- ☐ Special room set-up (describe: _____)
- ☐ Multi-media embedded or used during presentation
- ☐ Assistance with virtual breakout rooms
- ☐ Assistance with Zoom polls

Consent to Release

The presenter authorizes the use of the following: *(Please check all that apply)*

- ☐ An audio or video recording of the presentation for educational purposes. The recording will be used for the LIMITED purpose of faculty/staff development and stored in a password/identity protected portal (never open access). Neither the presenter or UNMC will sell or receive compensation for recordings.
- ☐ Reference materials, slides, workbooks, or other in print or electronic information (PDF only) for use by the intended audience only.
- ☐ Presenter (or company) name, photograph, logo, and biography for materials in connection with this learning event, including marketing and promotional efforts. Please provide any social media or contact information you would like to share (X, LinkedIn, etc.): _____
- ☐ Photography and/or audio/video clips in future UNMC publications such as newsletters, reports, online learning materials or other educational purposes.

Authorship and Intellectual Property

The presenter is considered an independent contractor and no party will have authority over the other. All information and materials are considered the speaker's proprietary content and cannot be owned by the event organizer.

Are you the sole author of this presentation? ☐ Yes ☐ No

If No: Have you obtained written permission from the other authors? ☐ Yes ☐ No

Copyright:

Written authorizations have been secured to use third party content for the purpose of this presentation?
(Third party content includes but is not limited to images, photos, tables, graphs, cartoons, and music.)

☐ Yes ☐ No ☐ N/A

If Yes: Are the appropriate attributions included in your presentation materials? ☐ Yes ☐ No

HIPAA Privacy

UNMC Faculty Development educational activities should not contain any private or unique identifying information. The presenter has the responsibility of protecting private information including protected health information, assuring that this kind of data will not be used for this education activity.

This presentation contains information only appropriate for public educational purposes?

- ☐ Yes ☐ No

Travel

The following party will arrange travel (minimum 30 days in advance). Visiting presenter will receive a final itinerary with travel details included.

- ☐ *NO travel arrangements necessary for this event.*

Hotel:

- ☐ Presenter makes reservations (request UNMC rate when making a reservation).

[*See hotel recommendations](#)

UNMC makes reservation - Preferred bed type (king, 2 queens) or special accommodations:

Air:

- ☐ Presenter makes reservation (coach rate will be reimbursed)

- ☐ UNMC

- Name as it appears on your ID: _____
- Desired seat location: _____
- Frequent flyer number: _____
- Known traveler number: _____
- Ideal carrier and flight: _____

Ground:

UNMC has ample access to ground transportation.

*Ground transport from the airport to hotels or UNMC campus is less than 6 miles (15 minutes).

Expenses:

Your honorarium will include **ALL** travel expenses. If you prefer reimbursement for per diem expenses, please contact us at facdev@unmc.edu.

Honorarium

Presenter compensation: _____

****To provide the greatest ease, your complete honorarium has been negotiated to include meals, hotel, ground transportation, and air travel.***

- ☐ W-9 has been completed and returned to facilitate payment.

Taxes for Honorarium/Consultant Fees

- Payments to non-Nebraska residents for personal services performed in Nebraska are subject to Nebraska state income tax withholding. Personal services include, but are not limited to, payments over \$600 made to non-residents including consultants and public speakers.
- The amount to be withheld for Nebraska income tax is 4% if the services are less than \$28,000 and 6% if service is \$28,000 or more.

Presenter Information

Presenter Name (pronoun use encouraged): _____

Presenter Organization: _____

Presenter Credentials: _____

Presenter Title: _____

Best way to contact presenter:

☐ Email: _____

☐ Cell Phone: _____

Mailing Address: _____

Social Media Contact (X, LinkedIn, etc.) _____

Presentation Plan Acknowledgement

This document describes the plan for the identified educational activity. Plans are subject to change based on a variety of factors, but this document guides the aim of an exceptional experience partnering with UNMC.

Presenter Signature: _____ Date: _____