

## CALL FOR COURSES

*2006 Summer School of Gerontology  
August 20-25, 2006*

### About the Summer School of Gerontology

The 30<sup>th</sup> annual Summer School of Gerontology will be held August 20-25, 2006, at Springmaid Beach, Myrtle Beach, South Carolina. The issues addressed will be those important to professionals who work with the aging population and others interested in aging issues. The mission of the Summer School is to enrich the skills and renew the dedication of those who serve to improve the health and welfare of older adults. The Summer School, with over 300 attendees, is recognized as a showcase for providing education and training in the field of gerontology.

### Areas of Focus

The SSG committee would like to invite you to share your knowledge and expertise on social issues, policy, administrative and management practices, community practices, and research regarding the elderly. Proposals should focus on those areas and should target: 1) Formal and informal caregivers; 2) Management and Administrative Personnel; 3) Older Adults; 4) Persons pursuing gerontology degrees; 5) Advocates; 6) Persons pursuing academic development; and 7) Direct care staff. The basic tracks that will be offered at the Summer School are:

- ❖ Administration & Finance
- ❖ Alzheimer's Disease & Related Disorders
- ❖ Communications
- ❖ Complementary and Alternative Medicine
- ❖ Elder Rights
- ❖ Health Promotion/Wellness
- ❖ Home Care
- ❖ Long Term Care
- ❖ Programs and Services for Older Adults
- ❖ Senior Issues
- ❖ Transportation

### Course Format

Courses are offered Monday through Friday and may be half day, full day or over the course of several days. The length of the course depends on the subject matter to be presented. Course hours are from 9:00 am to noon and 1:00 pm to 4:00 pm on Monday through Thursday. On Friday courses are half day and are from 9:00 am to noon.

### Who May Apply

All those committed to gerontology including practitioners, educators, senior advocates, researchers, older persons and others interested in gerontology are invited to submit a proposal for review.

### How to Apply

Proposals must be submitted using the Course Application Form. It should be typed or legibly written in black ink. A resume for each presenter should be attached and include information about the presenter(s), education and area(s) of interest.

*An original and four copies must be postmarked on or before December 7, 2005.*

### Acceptance of Proposal

Those who have submitted proposals will be notified of acceptance by February 24, 2006. Notification will be sent by e-mail to the lead presenter who should notify any co-presenters. Please provide e-mail addresses for all presenters on the application form.

### Audiovisual Equipment

Summer School of Gerontology will provide the following equipment: VCR/monitor, overhead projector, screen, easel and flipchart or dry erase board at no cost to the presenters.

*Laptop computers, LCD's and wireless microphones will not be provided by the Summer School, but may be brought by presenters.*

### Presenter Fees

Summer School of Gerontology (SSG) will not pay an honorarium to presenters. SSG will cover lodging and meals at Springmaid Beach for one night before a course, during the course and the night after the course. Transportation costs cannot exceed \$500 for round trip airfare or automobile mileage at the state approved reimbursement rate. Reimbursement will be provided only for the lead presenter on the application. Other presenters **will not** be covered for meals, lodging or travel. Details of reimbursement with each presenter will be covered by the contract.

**2006 Summer School of Gerontology**  
**Course Application Form**  
*(Submit original and 4 copies)*

Lead Presenter and Degrees: \_\_\_\_\_

Title: \_\_\_\_\_ Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #s: Business ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ SS# \_\_\_\_\_

Address to receive SSG info: \_\_\_\_\_  
Street or PO City State Zip

**Tracks (please check the track for your course):**

- Administration & Finance
- Alzheimer's Disease & Related Disorders
- Communications
- Complementary and Alternative Medicine
- Elder Rights
- Health Promotion/Wellness
- Home Care
- Long Term Care
- Programs and Services for Older Adults
- Senior Issues
- Transportation

Course Title: \_\_\_\_\_

**Suggested Course Length: (Please check)**

- |                                  |                                   |                                   |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> ½ day   | <input type="checkbox"/> 2 ½ days | <input type="checkbox"/> 4 ½ days |
| <input type="checkbox"/> 1 day   | <input type="checkbox"/> 3 days   | <input type="checkbox"/> 5 days   |
| <input type="checkbox"/> 1 ½ day | <input type="checkbox"/> 3 ½ days |                                   |
| <input type="checkbox"/> 2 days  | <input type="checkbox"/> 4 days   |                                   |

**Preferred Day(s) of the week to begin course: (Please check)**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

All presenters should be listed below. Please list presenters in the order in which they will present. List name, degree, title, organization, address, telephone number and email address. *Include a resume for all presenters.*

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Target Audience(s): \_\_\_\_\_

Maximum # of Students for Enrollment: \_\_\_\_\_

Equipment Needs: \_\_\_\_ VCR/Monitor \_\_\_\_ Overhead projector \_\_\_\_ Screen

Textbook Needs: (If applicable)

Title: \_\_\_\_\_

Author: \_\_\_\_\_

Publisher: \_\_\_\_\_ Price: \_\_\_\_\_

Purchasing Info: \_\_\_\_\_

*Please attach a typed course description not to exceed 200 words.*

### Proposal Agreement

As a submitter of this course application, I understand that once the proposal is accepted, the lead presenter will inform co-presenters. I understand the policy on presenter fees, meals, lodging and travel and the audiovisual equipment policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Checklist

Did you include the following items?

- Original and 4 copies
- Signed presenter agreement
- E-mail address for all presenters
- Resume for all presenters

