

<p>For Office Use Only</p> <p><b>Proposal No:</b></p> <p><b>Orig. Date:</b></p> <p><b>Rev. Date:</b></p>
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**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.**

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

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.