


<b>Carolinas Society for Healthcare Education and Training (CSHET)</b>				<b>Policy: Program Planning</b>	
<b>Originally Prepared by Susan Thornton</b>			<b>Approval: Executive Board</b>		
<b>Policy Number: 09</b>			<b>Page 1 of 3</b>		
<b>Original: 1/98</b>		<b>Reviewed: 11/09</b>		<b>Reviewed: 4/03, 11/07</b>	

### **Program Planning**

The President will plan with an approved hotel the dates for the next year's conference. The President-Elect along with the planning committee will meet to manage the yearly conference. This team will consist of a least representation from North and South Carolina, the President, Treasurer, and Immediate Past President. The President-Elect will be the leader of the process. The Program Planning Checklist attached will assist in the planning of the meeting.

Functions / Responsibilities:

#### **A. 12 months prior to the conference**

1. Set up date with planning committee to plan program
2. Call the hotel to make arrangements for rooms. Each member will keep mileage and submit to the Treasurer for reimbursement.
3. The President Elect will plan and lead the meeting. Once the convention activities are planned. The President Elect will make assignments of the planning committee to carry out the pre-planning activities. A list of suggested activities is attached to this document.
4. A proposal for the workshop plan along with a financial statement should be presented at the summer board meeting. If not timely, touch base with the President for approval of meeting format.
5. Contact speakers and obtain signed contracts.

#### **B. Late Summer / Early Fall and November Planning Meeting**

1. Rough Draft of Brochure.
2. Send out tickler as CSHET Christmas Card
3. Print Brochure distribute by the first week of January
4. Set up date with hotel to go over contracts and plans (should plan meeting to be about 3 months before the annual conference.)
5. Write article about the conference for Cross Statements.
6. Contact people on to-do list (Maintain communication with each committee member).

#### **C. 3 Months Prior**

1. Send out email to remind members of the brochure
2. Touch base with speakers to obtain handouts
3. Prepare AV List (What you cannot bring, order from the hotel)

#### **D. One Month Prior**

1. Make sure all parts of the contract are checked with hotel
  - a. Food
  - b. Entertainment
  - c. Audiovisuals
  - d. Rooms for speakers
  - e. Rooms for meetings
  - f. Room set up
  - g. Weekend giveaway
  - h. Vendors tables
2. Get information card for hotel reservations
3. Make copies of handouts for booklet
4. Reconnect with all those who have duties at the convention to see if they understand and if there are any questions.
5. Purchase gift for President (\$100.00) with reimbursement from Treasurer.
6. Make sure contact hours are completed

#### **E. Convention Time**

1. Meet with members of the planning committee on the evening before the convention to compile folders. Decorate the meeting room. Place direction and welcome signs. Go over any other last minute details with committee.
2. Organize registration area.
3. Let hotel know where you are located so they can check on last minute details.

**Program Planning Assignments / Responsibilities for Annual Conference**

<b>Assignment</b>	<b>Person Responsible</b>	<b>Date Due</b>
Awards Presentation	North Carolina Director	
Article for Cross Statements	President Elect	
Registration Confirmation	Treasurer	
Name Badges		
Mailing		
Facilitators for Speakers		
Equipment Arrangement		
Handouts / Putting Together		
Registration	Treasurer	
New Member Orientation		
Contact Hours Announcement		
Confirmation of Speakers		
Vendors / Door Prizes		
Entertainment		
Posters		
Networking Session (s)		

# Carolinas Society for Healthcare Education and Training Conference Planning Checklist

Title of Conference \_\_\_\_\_  
 Date (s) of Conference \_\_\_\_\_  
 Date of Initial Meeting \_\_\_\_\_ Place: \_\_\_\_\_

**6-12 Months**

Topic Selection	Presenters
Confirmed	
_____	1. _____
_____	2. _____
_____	3. _____
_____	4. _____
_____	5. _____
_____	6. _____

Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Facility Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ FAX # \_\_\_\_\_  
 Room Rate(s): \_\_\_\_\_ Cut Off Date: \_\_\_\_\_

Target Audience: Nurses \_\_\_\_\_  
 Registration Fees: CSHET members \$ \_\_\_\_\_ Non members \$ \_\_\_\_\_ Daily Fees \$ \_\_\_\_\_ \$ \_\_\_\_\_

Planning Committee Members:

Name/Title	Workplace	Phone/E-mail	Bio-data
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Assignments:  
 Door Prizes \_\_\_\_\_ Vendors \_\_\_\_\_  
 Registration \_\_\_\_\_ Reception \_\_\_\_\_  
 Greeters \_\_\_\_\_  
 Vendors / Sponsors: \_\_\_\_\_ Sponsors' Fees \$ \_\_\_\_\_ Vendors' Fees: \$ \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_

Date of next meeting: \_\_\_\_\_ Place: \_\_\_\_\_

**6 - 8 Months**

\_\_\_ August / September meeting: \_\_\_ Hotel reservation \_\_\_ Agenda  
 \_\_\_ All information confirmed  
 \_\_\_ Brochure draft \_\_\_ Program agenda \_\_\_ ANA Contact Hours \_\_\_ Others Contact Hours  
 \_\_\_ Budget \_\_\_ Contract signed by Speakers \_\_\_ Bio data from Planning Committee members  
 \_\_\_ Program tickler Mailing date \_\_\_\_\_ \_\_\_ Roundtable Topics Facilitators

**3 - 5 Months**

\_\_\_ November meeting \_\_\_ Hotel reservation \_\_\_ Agenda  
 \_\_\_ Reconfirm Facility \_\_\_ Meeting Rooms \_\_\_ Menu Selection  
 Re-Confirm all speakers  
 \_\_\_ Contract \_\_\_ Title of Presentation \_\_\_ Objectives \_\_\_ AV needs \_\_\_ Bio-data form  
 \_\_\_ Brochure draft review \_\_\_ ANA Activity Documentation form

Final draft of brochure       ANA Application  
 Mailing List       AV person contacted (as needed) \_\_\_\_\_  
 Next Meeting Date: \_\_\_\_\_ Place: \_\_\_\_\_

**2 – 3 Months**

Brochure Printing Date: \_\_\_\_\_ Mailing lists     Mailing date: \_\_\_\_\_  
 Follow up with speakers     Contract     List of AV needs  
 Next Meeting Date: \_\_\_\_\_ Place: \_\_\_\_\_

**6 – 8 Weeks**

Brochure sent to     Speakers     Planning Committee (extra copies)     Specialty Groups  
 Room reservation for speakers     Confirm day/time of arrival     Shuttle Service

**2 -4 Weeks**

# Registrants \_\_\_\_\_     Confirm Facility Contract: \_\_\_\_\_ Meeting Rooms     Menu     AVs  
 Remind Speakers     Hard Copy of handouts     Copy Handouts  
 Program Evaluation     Certificate     Check AV needs     Door prizes  
 \_\_\_\_\_ Vendors' list     Vendors' poster     Other Posters  
 Planning Committee assignment: Registration \_\_\_\_\_  
Door Prizes: \_\_\_\_\_  
New Members: \_\_\_\_\_  
Greeters: \_\_\_\_\_  
Reception: \_\_\_\_\_

**Speaker Introductions**

**Speaker**

_____	_____
_____	_____
_____	_____
_____	_____

Next Meeting    Date: \_\_\_\_\_ Place: \_\_\_\_\_

**5 Days**

Remind Speakers     Confirm with Facility/Caterer # participants     Facility/Vendors' set-up  
 Confirm with PC Members: assignment and day/time of arrival  
 Copy speakers' bio data     Brochure/Agenda (extras)     Tickets for door prize  
 Folders (ready):     Speakers' handouts     Candidates for Officers     Program Evaluation  
 \_\_\_\_\_ Program Certificate     Others  
 Name Tags:     Speakers     Participants     Planning Members     Vendors  
 Note Pads     Extra brochures     Supply Tackle Box

**1 Day**

Meeting with PC members     Review Assignments     Reception activities  
 Meeting rooms set up / decorations     Door Prizes  
 Confirm daily agenda     Confirm Vendors' presentation schedule

**Day of Program**

Room set-up     Check Food     AVs     Posters  
 Registration Table:     Name Tags     Folders     Roster  
 \_\_\_\_\_ Tickets     Sign in for Receipt     Easel (as needed)  
 Lighting     Room Temperature

**Post Program**

Meeting with PC and Board Members  
 Payment:     Facility/Caterer     Speakers     Mailing Service     Others

- Summarize evaluation
- Conference Evaluation and Thank You letter:  Speakers  PC Members  Sponsors
- ANA file  CE application  Activity Documentation form  Handouts
- Bio data: speakers, PC Members  CE Certificate  Evaluation Summary
- Sponsor Agreement  Final budget  Final roster
- 5 copies of brochure

## CSHET Conference Speaker Information

Speaker: \_\_\_\_\_  
Topic/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Honorarium: \_\_\_\_\_ Confirmed by: \_\_\_\_\_  
Objective(s): \_\_\_\_\_

Forms Returned ( ) Contract ( ) Bio Sheet ( ) Vested Interest Form ( ) Educational Design ( ) AV Needs

Speaker: \_\_\_\_\_  
Topic/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Honorarium: \_\_\_\_\_ Confirmed by: \_\_\_\_\_  
Objective(s): \_\_\_\_\_

Forms Returned ( ) Contract ( ) Bio Sheet ( ) Vested Interest Form ( ) Educational Design ( ) AV Needs

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