



## Submission Template

Only proposals submitted through the online RFP portal will be considered. This template is for personal use only. Completing this form does not qualify as a completed submission. Session blocks are 1 hour.

**DEADLINE: OCTOBER 13, 2023**

### Session Information

#### Session Title

Click or tap here to enter text.

#### Session Description

*Highlight what makes yours a “must attend” session and include key details about what attendees will learn. If your session is accepted, this content may be used to market your session to attendees. CMAA reserves the right to edit session descriptions. (100-200 words).*

Click or tap here to enter text.

#### How will this session address the learning outcomes and strategies you have selected in the learning matrix?

*Provide the thesis or main idea for your proposal and describe the value proposition for the audience. Be clear about your content’s ability to deliver learning that is valuable to the recipient, relevant to the evolving industry, unique to the profession, and optimal for project/program outcomes.*

Click or tap here to enter text.

#### Type of Presentation:

- Peer-to-Peer Discussion
- Panel Discussion with Audience Participation
- Hands-on Demonstration
- Interactive Workshop
- Case-Study Method with Group Discussion and Solution Development
- Lecture

**Engagement Strategy:**

*The proposal must describe the session’s format, which must use techniques responsive to the needs of adult learners (e.g., group discussion, problem-solving, question/answer, or case study method that includes solution development)—preference will be given to sessions where attendees can practice what they learn, promote audience participation, and contain interactive elements.*

Click or tap here to enter text.

**Learning level:**

- Program and Project Expert Leader (CCM)
- Program and Project Manager (CACM)
- Program and Project Support (CMIT)

## Learning Objectives & Outcomes

Please provide clear, measurable, and achievable learning objectives. Consider Blooms Taxonomy and the selected learning level when drafting your learning objectives.

**Learning Objectives:**

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.

**Post-Conference Value & Take-Aways:**

*Describe the impact your session will have on attendees’ decision-making skills after the conference ends. This is a way of describing your session’s return on investment for attendees.*

Click or tap here to enter text.

## AIA Health, Safety, & Welfare Learning Units

- This session does not meet AIA's HSW LU requirements. *(Most common, skip to [Speaker Information](#))*
- This session meets AIA's requirements for HSW credit. *(Requires additional information)*

### Required Information for AIA HSW LUs

For a learning activity to qualify as HSW, it must meet the following criteria:

- Content must directly support the HSW definition
- Content must include one or more of the AIA CES acceptable HSW topics
- At least 75 percent of the content must be on HSW

The following three standards must be met for a course to qualify for HSW credit.

#### 1. Content must directly support the HSW definition

Licensed architects and affiliated design professionals have, in their professional practice, a positive duty to protect the public's health, safety, and welfare. Learning programs must address knowledge intended to protect the health, safety, and welfare of the occupants of the built environment, as defined below:

**Health:** Those aspects of professional practice that improve the physical, emotional, and social well-being of occupants, users, and any others affected by buildings and sites.

**Safety:** Those aspects of professional practice that protect occupants, users, and any others affected by buildings or sites from harm.

**Welfare:** Those aspects of professional practice that enable equitable access, elevate the human experience, encourage social interaction, and benefit the environment.

#### 2. Content must include one or more of the AIA CES acceptable HSW topics

Technical and professional subjects related to the practice of architecture that safeguard the public and that are within the following continuing education subject areas necessary for the proper evaluation, design, construction, and utilization of buildings and the built environment are considered Health, Safety, and Welfare (HSW) subjects.

Learning programs must address one or more of the following HSW topics to be approved for LU | HSW credit:

**Practice management:** This category focuses on areas related to the management of architectural practice and the details of running a business.

**Project management:** This category focuses on areas related to the management of architectural projects through execution.

**Programming and analysis:** This category focuses on areas related to the evaluation of project requirements, constraints, and opportunities.

**Project planning and design:** This category focuses on areas related to the preliminary design of sites and buildings.

**Project development and documentation:** This category focuses on areas related to the integration and documentation of building systems, material selection, and material assemblies into a project.

**Construction and evaluation:** This category focuses on areas related to construction contract administration and post-occupancy evaluation of projects.

**3. At least 75% of the content must be on HSW topics**

To qualify for HSW credit, 75 percent of a learning program content and instructional time must be on acceptable HSW topics as outlined above. When submitting a learning program for approval, at least 75 percent of the learning objectives must relate to HSW topics to qualify for HSW designation.

For more information on qualifying for LU | HSW: <https://www.aia.org/pages/3281-health-safety-and-welfare-credits>

**Which topics does your session address? (Select all that apply)**

- Practice Management
- Project Management
- Programming and Analysis
- Project Planning and Design
- Project Development and Documentation
- Construction and Evaluation

How does your session support AIA’s definition of Health, Safety, and Welfare and how does it address the topics listed above?

Click or tap here to enter text.

What percentage (%) of your session relates to HSW topics? Click or tap here to enter text.

Licensed architects and affiliated design professionals have, in their professional practice, a duty to protect the public's health, safety, and welfare. Please provide 4 learning objectives that describe how your session provides knowledge intended to protect the health, safety, and welfare of the occupants of the built environment.

- **DO** use: describe, explore, explain, identify, organize, apply, analyze, investigate, summarize, produce, compare, predict, plan, recall, use, verify.
- **DO NOT** use: learn, understand, cover, appreciate, realize, be aware of, study, familiarize, know.
- AIA HSW LU learning objectives must be specific to how your session relates to health, safety, and welfare topics.

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.

## Lead Speaker Information

Panel diversity is encouraged in background, experience, gender, geographic location, ethnicity, delivery method, stakeholder status, etc. All sessions must have **at least two** but **no more than five** speakers or facilitators. The following is required for **all** speakers.

**Speaker Name:** Click or tap here to enter text.

**Speaker Credentials:**

- |                                |                              |                              |                                |                               |
|--------------------------------|------------------------------|------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Ph.D. | <input type="checkbox"/> Esq | <input type="checkbox"/> AIA | <input type="checkbox"/> CCM   | <input type="checkbox"/> CACM |
| <input type="checkbox"/> JD    | <input type="checkbox"/> PE  | <input type="checkbox"/> RA  | <input type="checkbox"/> FCMAA | <input type="checkbox"/> CMIT |

**Speaker Email:** Click or tap here to enter text.    **Speaker Phone Number:** Click or tap here to enter text.

**Speaker Title:** Click or tap here to enter text.    **Speaker Organization:** Click or tap here to enter text.

**City, State, Country:** Click or tap here to enter text.

**Speaker Bio: Highlight Experience & Subject Matter Expertise:**

Click or tap here to enter text.

**Speaker Organization is a(n):**

- |   |                               |                                   |   |
|---|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Client/Owner     | <input type="checkbox"/> 8(a) | <input type="checkbox"/> DBE      | <input type="checkbox"/> Service-Disabled |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> WBE  | <input type="checkbox"/> SDB      | <input type="checkbox"/> Veteran Owned    |
| <input type="checkbox"/> Vendor           | <input type="checkbox"/> MBE  | <input type="checkbox"/> HUB Zone | <input type="checkbox"/> Academic         |

**Speaker Race or Origin:**

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian / Alaska Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian                           | <input type="checkbox"/> White                            |
| <input type="checkbox"/> Black/African American          | <input type="checkbox"/> Other race or origin             |
| <input type="checkbox"/> Hispanic/Latinx/Spanish         | <input type="checkbox"/> Prefer not to say                |

**Speaker Gender:**

- Male  
 Female  
 Prefer not to say

**Speaker Age:**

- |                                   |                                |  |
|-----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 55+               |
| <input type="checkbox"/> 25-34    | <input type="checkbox"/> 45-54 | <input type="checkbox"/> Prefer not to say |

**Speaker LinkedIn Profile URL:** Click or tap here to enter text.

**Speaker head shot:** (image upload – please name file “lastname.firstname”)

## Speaker 2 Information

Panel diversity is encouraged, in background, experience, gender, geographic location, ethnicity, delivery method, stakeholder status, etc. All sessions must have **at least two** but **no more than five** speakers or facilitators. The following is required for **all** speakers.

**Speaker Name:** Click or tap here to enter text.

### Speaker Credentials:

- |                                |                              |                              |                                |                               |
|--------------------------------|------------------------------|------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Ph.D. | <input type="checkbox"/> Esq | <input type="checkbox"/> AIA | <input type="checkbox"/> CCM   | <input type="checkbox"/> CACM |
| <input type="checkbox"/> JD    | <input type="checkbox"/> PE  | <input type="checkbox"/> RA  | <input type="checkbox"/> FCMAA | <input type="checkbox"/> CMIT |

**Speaker Email:** Click or tap here to enter text. **Speaker Phone Number:** Click or tap here to enter text.

**Speaker Title:** Click or tap here to enter text. **Speaker Organization:** Click or tap here to enter text.

**City, State, Country:** Click or tap here to enter text.

### Speaker Bio: Highlight Experience & Subject Matter Expertise:

Click or tap here to enter text.

### Speaker Organization is a(n):

- |   |                               |                                   |   |
|---|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Client/Owner     | <input type="checkbox"/> 8(a) | <input type="checkbox"/> DBE      | <input type="checkbox"/> Service-Disabled |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> WBE  | <input type="checkbox"/> SDB      | <input type="checkbox"/> Veteran Owned    |
| <input type="checkbox"/> Vendor           | <input type="checkbox"/> MBE  | <input type="checkbox"/> HUB Zone | <input type="checkbox"/> Academic         |

### Speaker Race or Origin:

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian / Alaska Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian                           | <input type="checkbox"/> White                            |
| <input type="checkbox"/> Black/African American          | <input type="checkbox"/> Other race or origin             |
| <input type="checkbox"/> Hispanic/Latinx/Spanish         | <input type="checkbox"/> Prefer not to say                |

### Speaker Gender:

- Male  
 Female  
 Prefer not to say

### Speaker Age:

- |                                   |                                |  |
|-----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 55+               |
| <input type="checkbox"/> 25-34    | <input type="checkbox"/> 45-54 | <input type="checkbox"/> Prefer not to say |

**Speaker LinkedIn Profile URL:** Click or tap here to enter text.

**Speaker head shot:** (image upload – please name file “lastname.firstname”)

## Speaker 3 Information

Panel diversity is encouraged, in background, experience, gender, geographic location, ethnicity, delivery method, stakeholder status, etc. All sessions must have **at least two** but **no more than five** speakers or facilitators. The following is required for **all** speakers.

**Speaker Name:** Click or tap here to enter text.

### Speaker Credentials:

- |                                |                              |                              |                                |                               |
|--------------------------------|------------------------------|------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Ph.D. | <input type="checkbox"/> Esq | <input type="checkbox"/> AIA | <input type="checkbox"/> CCM   | <input type="checkbox"/> CACM |
| <input type="checkbox"/> JD    | <input type="checkbox"/> PE  | <input type="checkbox"/> RA  | <input type="checkbox"/> FCMAA | <input type="checkbox"/> CMIT |

**Speaker Email:** Click or tap here to enter text.    **Speaker Phone Number:** Click or tap here to enter text.

**Speaker Title:** Click or tap here to enter text.    **Speaker Organization:** Click or tap here to enter text.

**City, State, Country:** Click or tap here to enter text.

### Speaker Bio: Highlight Experience & Subject Matter Expertise:

Click or tap here to enter text.

### Speaker Organization is a(n):

- |   |                               |                                   |   |
|---|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Client/Owner     | <input type="checkbox"/> 8(a) | <input type="checkbox"/> DBE      | <input type="checkbox"/> Service-Disabled |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> WBE  | <input type="checkbox"/> SDB      | <input type="checkbox"/> Veteran Owned    |
| <input type="checkbox"/> Vendor           | <input type="checkbox"/> MBE  | <input type="checkbox"/> HUB Zone | <input type="checkbox"/> Academic         |

### Speaker Race or Origin:

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian / Alaska Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian                           | <input type="checkbox"/> White                            |
| <input type="checkbox"/> Black/African American          | <input type="checkbox"/> Other race or origin             |
| <input type="checkbox"/> Hispanic/Latinx/Spanish         | <input type="checkbox"/> Prefer not to say                |

### Speaker Gender:

- Male  
 Female  
 Prefer not to say

### Speaker Age:

- |                                   |                                |  |
|-----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 55+               |
| <input type="checkbox"/> 25-34    | <input type="checkbox"/> 45-54 | <input type="checkbox"/> Prefer not to say |

**Speaker LinkedIn Profile URL:** Click or tap here to enter text.

**Speaker head shot:** (image upload – please name file “lastname.firstname”)

## Speaker 4 Information

Panel diversity is encouraged, in background, experience, gender, geographic location, ethnicity, delivery method, stakeholder status, etc. All sessions must have **at least two** but **no more than five** speakers or facilitators. The following is required for **all** speakers.

**Speaker Name:** Click or tap here to enter text.

### Speaker Credentials:

- |                                |                              |                              |                                |                               |
|--------------------------------|------------------------------|------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Ph.D. | <input type="checkbox"/> Esq | <input type="checkbox"/> AIA | <input type="checkbox"/> CCM   | <input type="checkbox"/> CACM |
| <input type="checkbox"/> JD    | <input type="checkbox"/> PE  | <input type="checkbox"/> RA  | <input type="checkbox"/> FCMAA | <input type="checkbox"/> CMIT |

**Speaker Email:** Click or tap here to enter text.    **Speaker Phone Number:** Click or tap here to enter text.

**Speaker Title:** Click or tap here to enter text.    **Speaker Organization:** Click or tap here to enter text.

**City, State, Country:** Click or tap here to enter text.

### Speaker Bio: Highlight Experience & Subject Matter Expertise:

Click or tap here to enter text.

### Speaker Organization is a(n):

- |   |                               |                                   |   |
|---|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Client/Owner     | <input type="checkbox"/> 8(a) | <input type="checkbox"/> DBE      | <input type="checkbox"/> Service-Disabled |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> WBE  | <input type="checkbox"/> SDB      | Veteran Owned                             |
| <input type="checkbox"/> Vendor           | <input type="checkbox"/> MBE  | <input type="checkbox"/> HUB Zone | <input type="checkbox"/> Academic         |

### Speaker Race or Origin:

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian / Alaska Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian                           | <input type="checkbox"/> White                            |
| <input type="checkbox"/> Black/African American          | <input type="checkbox"/> Other race or origin             |
| <input type="checkbox"/> Hispanic/Latinx/Spanish         | <input type="checkbox"/> Prefer not to say                |

### Speaker Gender:

- Male  
 Female  
 Prefer not to say

### Speaker Age:

- |                                   |                                |  |
|-----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 55+               |
| <input type="checkbox"/> 25-34    | <input type="checkbox"/> 45-54 | <input type="checkbox"/> Prefer not to say |

**Speaker LinkedIn Profile URL:** Click or tap here to enter text.

**Speaker head shot:** (image upload – please name file “lastname.firstname”)



## Speaker 5 Information

Panel diversity is encouraged, in background, experience, gender, geographic location, ethnicity, delivery method, stakeholder status, etc. All sessions must have **at least two** but **no more than five** speakers or facilitators. The following is required for **all** speakers.

**Speaker Name:** Click or tap here to enter text.

**Speaker Credentials:**

- |                                |                              |                              |                                |                               |
|--------------------------------|------------------------------|------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Ph.D. | <input type="checkbox"/> Esq | <input type="checkbox"/> AIA | <input type="checkbox"/> CCM   | <input type="checkbox"/> CACM |
| <input type="checkbox"/> JD    | <input type="checkbox"/> PE  | <input type="checkbox"/> RA  | <input type="checkbox"/> FCMAA | <input type="checkbox"/> CMIT |

**Speaker Email:** Click or tap here to enter text.    **Speaker Phone Number:** Click or tap here to enter text.

**Speaker Title:** Click or tap here to enter text.    **Speaker Organization:** Click or tap here to enter text.

**City, State, Country:** Click or tap here to enter text.

**Speaker Bio: Highlight Experience & Subject Matter Expertise:**

Click or tap here to enter text.

**Speaker Organization is a(n):**

- |   |                               |                                   |   |
|---|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Client/Owner     | <input type="checkbox"/> 8(a) | <input type="checkbox"/> DBE      | <input type="checkbox"/> Service-Disabled |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> WBE  | <input type="checkbox"/> SDB      | Veteran Owned                             |
| <input type="checkbox"/> Vendor           | <input type="checkbox"/> MBE  | <input type="checkbox"/> HUB Zone | <input type="checkbox"/> Academic         |

**Speaker Race or Origin:**

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian / Alaska Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian                           | <input type="checkbox"/> White                            |
| <input type="checkbox"/> Black/African American          | <input type="checkbox"/> Other race or origin             |
| <input type="checkbox"/> Hispanic/Latinx/Spanish         | <input type="checkbox"/> Prefer not to say                |

**Speaker Gender:**

- Male  
 Female  
 Prefer not to say

**Speaker Age:**

- |                                   |                                |  |
|-----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 55+               |
| <input type="checkbox"/> 25-34    | <input type="checkbox"/> 45-54 | <input type="checkbox"/> Prefer not to say |

**Speaker LinkedIn Profile URL:** Click or tap here to enter text.

**Speaker head shot:** (image upload – please name file “lastname.firstname”)

## Speaker Roles & Responsibilities

*All speakers are required to agree to these roles and responsibilities.*

- I, and all speakers included on this panel, understand that we will not be compensated for speaking at Focus24.
- I, and all speakers included on this panel, understand that we will not be reimbursed for any expenses.
- I, and all speakers included on this panel, understand that we must register for Focus24; discounted speaker and one-day rates are available.
- I, and all speakers included on this panel, agree to follow CMAA's Enhanced Safety and Health Measures Policies. CMAA will follow any safety guidelines and advisements for meetings as outlined by the Centers for Disease Control and Prevention and state and local mandates.
- I, and all speakers included on this panel, consent to be video-recorded/photographed. Recordings become the property of CMAA and that CMAA retains the right to repurpose content from conferences.
- I understand that each speaker/panel must provide a laptop/presentation device.
- I/we will upload presentation files (PowerPoint or PDF) and handouts by February 23, 2024
- I/we agree to obtain all necessary permissions to use or distribute copyrighted information.
- I, and all speakers included on this panel, command expert knowledge of our topic and are skilled and effective presenters.
- I, and all speakers included on this panel, will provide an open, welcoming, and inclusive environment for session attendees.
- I, and all speakers included on this panel, agree to adhere to CMAA's Prohibited Conduct Policy and conduct myself/themselves professionally.

## Deadlines, Changes, Cancellations, Withdrawals

*CMAA regards submitted proposals as a commitment to present a scheduled session. If extenuating circumstances prevent an accepted speaker from making a presentation, it is the submitters' obligation to notify CMAA staff. Withdrawals, along with alternate plans, must be submitted in writing.*

*Failure to meet established deadlines may result in your disqualification from consideration for future CMAA conferences.*

- **December 15, 2023 (on or around):** Notifications sent out and accepted speakers confirm intent to present.
- **December 29, 2023:** All speaker bio's due.
- **February 23, 2024:** Presentation files and handouts due.
- **March 10-12, 2024:** Focus24 - Philadelphia, PA