1. **Section/Council Name:**

Click or tap here to enter text.

1. **Submitter Name/Position:**

Click or tap here to enter text.

1. **If the program will be hosted jointly with another Section, Council or Committee, please explain.** *Please note: if you add more than one host, this will be labeled a “joint program” in the program.*Click or tap here to enter text.
2. **Requested Length of Program (choose one):**[ ]  Multi-Day
[ ]  Half Day (4 hour)
[ ]  Full Day (8 Hours)
3. **Requested Date/Time:***Enter the ideal date & timeframe for the proposed program. This time should be inclusive of the full program to include introductions, awards, oral presentations, presentations by faculty, Q/A, etc., but should not include special or after-hours events such as a reception.*

*Dates and times are requests, which the National Conference will try to honor as much as possible. Saturday and Sunday are the busiest days of the National Conference. Preference is given to sessions that have an established Saturday or Sunday program.*

*Multi-Day should select* ***“Multi”*** *for each day they need.*  ***Full and Half-day programs must select a 1st and 2nd for their preference.***

|  |  |  |
| --- | --- | --- |
| **Day & Date** | **Morning (8 AM- 12 PM)** | **Afternoon (1 PM-5:00 PM)** |
| **Friday** | Choose a preference | Choose a preference |
| **Saturday** | Choose a preference | Choose a preference |
| **Sunday** | Choose a preference | Choose a preference |
| **Monday** | Choose a preference | Choose a preference |
| **Tuesday** | Choose a preference | Choose a preference |

1. **Main Points of Contact:***Each program must have* ***one*** *staff manager, program chair, and abstract chair (if applicable). These individuals will serve as main points of contact for the program. Other planners should be added only if applicable and for COI disclosure purposes only.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **First Name** | **Last Name** | **Email** |
| **Staff Contact** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Program Chair** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Abstract Chair****(if applicable)** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Target Audience.** *Please indicate the target audience for the requested program.*

[ ] Section/Council Member

[ ] General Pediatric Providers

[ ] Other, please describe.

1. **Program Description:**

*In 50 words or less, describe the intended topics of the program or course.*

Click or tap here to enter text.

1. ***Special Requests:*** *Does this proposed program or course have any special requests or specific needs? Please be as specific as possible. Examples include extra space for hands-on learning, complicated audiovisual set-up, etc. Please indicate anything that will aid the National Conference Planning Group in understanding your proposed program or course.*

Click or tap here to enter text.

**Please complete the below questions if you are opting in to participate in the 2025 Abstract Program.**

1. **Abstract Program Details (if applicable):**

*The information below will be used to build your program-specific guidelines and to set up the submissions site. Programs will* ***not*** *be provided with the opportunity to opt into the abstract program later in the process. General guidelines can be found at:* [*https://aapexperience.org/abstracts*](https://aapexperience.org/abstracts)*.*

* 1. **Please provide a brief list of broad topics that will be considered.** *This will be publicly available within your program-specific guidelines to guide presenters as to the topics you intend to accept.*

Click or tap here to enter text.

* 1. **Which submission types will you accept?** *Please select as many as needed.*

[ ] Advocacy Project

[ ]  Case Report

[ ] Original Research

[ ] Program Evaluation

[ ] Quality Improvement Project (MOC Part 4 Credit)

* 1. **Prior presentation details.**

*All submitters will be asked about prior presentations. Restrictions on prior presentation will be up to the Section/Council to determine. See definitions on prior presentations* [*www.aapexperience.org/abstracts*](http://www.aapexperience.org/abstracts)*. Select all that apply.*

[ ] Original

[ ] Adaptation

[ ] Encore

* 1. **Which presentation formats will be offered?** *Select all that apply.*

[ ] Poster

[ ] Oral

* 1. **If a submitter is not a member of the section, do you require sponsorship?** *If so, please describe how non-members can go about finding a sponsor.*

* 1. **Does your program have other eligibility requirements?** *Please be specific.*