



**2018 CHEAC Annual Meeting**  
**Celebrating 30 Years of Improving the Health of All Californians**  
October 17-19, 2018  
Hyatt Regency, Sacramento

The CHEAC Annual Meeting Planning Committee is seeking workshop proposals for the 2018 CHEAC Annual Meeting to be held on October 17-19, 2018, in Sacramento. The CHEAC Annual Meeting provides local health department leadership and staff throughout California with networking and learning opportunities. This year's theme is "Celebrating 30 Years of Improving the Health of All Californians" and will include keynote sessions with guest speakers as well as a myriad of workshops intended to stimulate best practice sharing and/or discussion around issues impacting public health.

**Workshop Proposals**

This year, CHEAC is excited to expand the workshops offered to attendees through collaborating with key partners to host workshop sessions. Roughly 15 workshops will be hosted between 10:00 am and 4:00 pm on Wednesday, October 17 and Thursday, October 18. Should you be interested in the opportunity to host a workshop, we request your submission of an abstract as outlined below.

**Abstract Submission**

Abstracts must be received via email ([admin@cheac.org](mailto:admin@cheac.org)) by close of business on March 9, 2018. CHEAC cannot guarantee that proposals submitted after the deadline will be considered. You will be notified by April 23, 2018, if your abstract has been chosen.

**Abstract Requirements**

Submission of an abstract means you will assume responsibility for planning the session, organizing speakers, serving as the workshop point of contact for all parties and meeting timelines as identified by the CHEAC Annual Meeting Planning Committee.

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Abstract Template**

**Title of Workshop**

**Workshop Teaser (roughly 1-2 sentences to attract attendees)**

**Workshop Participants – Name, Title, Organization**

Facilitator

Panelists (up to three) – Name, Title, Organization

1)

2)

3)

**Workshop Description (1-2 paragraphs)**

**Workshop Outline (list out the order of events and roles)**

**Audio/Visual Needs**

**Workshop Contact Person**

Name

Email

Phone Number