

ILLINOIS DEPARTMENT OF PUBLIC HEALTH in partnership with
the IFLOSS COALITION: A Coalition of Communities Working Together to Improve
Oral Health in Illinois

STATEWIDE ORAL HEALTH CONFERENCE *Pursuing Excellence in Oral Health*

October 27 & 28, 2009

President Abraham Lincoln Hotel and Conference Center in Springfield, Illinois

CALL FOR ABSTRACTS

The Illinois Department of Public Health (IDPH) and the IFLOSS Coalition are hosting a statewide conference for individuals and organizations committed to the enhancement of oral health. Enclosed is the *Call for Abstracts* for the conference, which is to be held on October 27 & 28, 2009, in Springfield, Illinois. The conference theme is *Pursuing Excellence in Oral Health*.

Anyone interested in submitting an abstract for an oral or poster presentation must complete and return the enclosed forms to the IFLOSS Coalition, 1415 E. Jefferson St., Springfield, IL 62703, by June 30, 2009 or email them to LBILBREYRDH@aol.com. Thank you for your participation.

Conference Planning Committee

❖ Potential Presentation Areas

Possible topics include issues related to partnerships to improve oral health, oral cancer, special populations, caries risk assessment and management, healthy families, access to care, surveillance, community-based clinics, community successes, tobacco, pre-term low birth weight, nutrition, fluoride, sealants, oral health education, or marketing.

❖ Criteria for Presentations

An abstract or descriptive outline of 350 words or less and three learning objectives are to be submitted for programming considerations.

❖ Acceptance

You will be notified of acceptance by the end of August. IDPH and IFLOSS reserve the right to combine sessions, to make decisions with respect to presenters and to edit your description for promotional purposes.

❖ If Accepted

Presenters must register for the meeting. Travel expenses for registered presenters are not covered.

ABSTRACT

Title _____

Presenter name(s) _____

Preferred Presentation Type (your preference will be considered may not be able to be accommodated, please circle one): Poster Oral

Learning objective for session (please complete the following statement):

Upon completing this session, participants will be able to:

- 1) _____
- 2) _____
- 3) _____

Description:

PRESENTERS

Please list information for presenter(s), if different from contact person.

Presenter 1

Name _____ Title _____
Organization _____
Address _____ State _____ ZIP _____
Telephone _____ Fax _____
E-mail _____

Presenter 2

Name _____ Title _____
Organization _____
Address _____ State _____ ZIP _____
Telephone _____ Fax _____
E-mail _____

Presenter 3

Name _____ Title _____
Organization _____
Address _____ State _____ ZIP _____
Telephone _____ Fax _____
E-mail _____

IFLOSS Coalition
www.ifloss.org
1415 E. Jefferson St.
Springfield, IL 62703
LBILBREYRDH@aol.com

Submissions must be postmarked on or before
June 30, 2009