|  |
| --- |
| **NAME**  |
| **TITLE & ORG** (if applicable) |
| **ADDRESS**  |
| **EMAIL**       | **PHONE**       |

**PRESENTATION TITLE**

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**WHAT WILL THOSE ATTENDING LEARN?**

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| --- |
| Share up to four objectives. |

**PRESENTATION METHOD**

|  |  |  |
| --- | --- | --- |
|  [ ]  Individual Speaker |  [ ]  Panel Discussion |  [ ]  Interactive Presentation |

**TARGET AUDIENCE**

|  |  |  |
| --- | --- | --- |
|  [ ]  Beginner (0-3yrs.) |  [ ]  Intermediate (3-10 yrs.) |  [ ]  Advanced (10+ years) |

**HOW DOES THE PRESENTER’S EXPERIENCE QUALIFY HER/HIM TO SPEAK ON THIS TOPIC?**

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| * If available, please include evaluations from any of your speaking engagements.
 |

**DRAFT OF SESSION DESCRIPTION TO USE IN CONFERENCE PROGRAM** (175 word max)

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**PLEASE INCLUDE ANY ADDITIONAL INFORMATION FOR COMMITTEE CONSIDERATION.**

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**By submitting this application, I understand that, if selected, I will be able to submit by**

**May 1, 2019 a headshot, biography and any relevant social media profiles. Please initial \_\_\_\_\_**