

## Presenter Proposal Form

We appreciate your interest in our ATD Austin non-profit organization. We need the below information to invite you to present at any of these events: chapter meetings, conferences, expert panels, and keynote presentations. \* Required

**1. Email address \***

**2. Presenter Name \***

**3. Presenter Title \***

**4. Company Name \***

**5. Address \***

**6. Phone Number \***

**7. LinkedIn Profile link \***

**8. Presenter video recording link \***

**9. Best way to communicate \***

- Email
- Phone
- Other \_\_\_\_\_

**10. I wish to present at (select all that apply) \* *Check all that apply.***

- All below
- Chapter monthly meetings
- Conferences
- Awards Banquet
- Expert Panels
- Other

**11. Presenter Bios document needed\*** Full Bio, abridged for speaker spotlight 100-150 words, and event MC introduction about 200 words.

File link:

**12. Presenter professional headshot Link\***

File link:

**13. Presentation Title, Length (time) and Concept\*** include learning objectives, takeaway ideas for fast application and implementation of concepts

File link:

**14. Presentation Abstract (learning objectives, takeaways)\***

File link:

**15. Has the presentation been approved for recertification credit by any of these accrediting boards? \*** We will request the association credit codes/information later.

- ATD
- ICF
- SHRM
- HRCI
- PMI
- Other

**16. Presentation Level \*** *Check all that apply.*

- Beginner
- Intermediate
- Advanced

**17. Preferred Format (Select all that apply) \*** *Check all that apply.*

- Breakfast
- Luncheon
- Webinar
- AM/PM Workshop
- Conference Session
- Panel
- Keynote
- Other

**18. Which ATD, ICF, SHRM, HRCI, PMI Body of Competency and Knowledge area(s) can you align your presentation with? Enter N/A if not applicable. \***

File link:

**19. Name of Reference #1 \***

**20. Name of organization to which you presented\***

**21. Email \***

**22. Phone Number \***

**23. Event Date \***

**24. Event Location \***

**25. Presentation topic\***

**26. Presentation Description \*** Compelling story around what the presentation; 3-5 sentences with a hook to grab attention.

**27. Name of Reference #2 \***

**28. Name of organization to which you presented\***

**29. Email \***

**30. Phone Number \***

**31. Event Date \***

**32. Event Location \***

**33. Presentation topic\***

**34. Presentation Description\*** Compelling story around what the presentation; 3-5 sentences with a hook to grab attention.

**35. I would like information about selling products/services and do business during the event.**

*\* only one*

Yes

No

**36. If selected, I agree to adhere to the deadline schedule by ATD Austin organizers. I understand that my presentation is not a showcase for promotion of my business, practice or product. \***

I agree

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Full Name

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Signature

**37. By submitting this presentation proposal, I understand that I will not receive an honorarium; and, if I have a co-presenter, he / she will not receive an honorarium. \***

I agree

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Full Name

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Signature

Upon request a copy of your responses can be emailed to the address you provided.