All information **must be typed and submitted either on this form or in this exact order**. Submit your name as you wish to see it published. **We request no more than one proposal per presenter.**

**Please provide the following information:**

Name:

Employer/Organization/School:

Job Title:           

County:

Address:     

City, State, Zip:                

Phone Number:

Fax Number:

E-mail Address (REQUIRED):

**Will you have a co-presenter?**  **Yes**  **No**

If yes, please duplicate this form for your co-presenter and attach the completed form with your own submission.

I will need assistance to cover travel expenses in order to participate as a presenter. My estimated travel cost is: $ , and includes the following items:

**By signing this proposal,** I UNDERSTAND THAT I WILL NOT RECEIVE AN HONORARIUM; if I have a co-presenter, he or she will not receive an honorarium and will not have his or her expenses reimbursed.

**I agree to provide my presentation slides one month prior to the conference** for review and allow for proper AV planning.

**If selected, I agree to adhere to the deadline schedule furnished by conference organizers. I also understand that I will be notified about the status of my proposal by email no later than August 1, 2024.**

     

Signature Date

**TITLE OF SESSION:**

(Note: We may change and/or reduce your title/description for program clarity)

**LENGTH of TIME NEEDED:**

**AUDIO VISUAL NEEDS:**

**SUMMARY OF SESSION:**

In 200 words or less, provide a summary of the content and key points to be addressed**.**

**LEARNING OBJECTIVE:**

Provide a brief statement of the primary learning objective of your presentation.