**Title of Session** Click here to enter text.

**Name of Presenter/Facilitator** Click here to enter text.

**Is this a panel presentation?** [ ]  Yes [ ]  No

**Organization or Business** Click here to enter text.

**Email** Click here to enter text.

**Phone (business hours)** Click here to enter text.

**Phone (day-of/cell)** Click here to enter text.

1. **Please mark *one or two* of ASTD’s core competencies your session will feature:**

[ ]  Change Management

[ ]  Coaching

[ ]  Evaluating Learning Impact

[ ]  Instructional Design

[ ]  Integrated Talent Management

[ ]  Knowledge Management

[ ]  Learning Technologies

[ ]  Managing Learning Programs

[ ]  Performance Improvement

[ ]  Training Delivery

1. **Is this presentation appropriate for a chapter meeting (60 minutes) or professional development event (typically 4-8 hour workshop)?**

 [ ]  Chapter Meeting [ ]  Pro Dev Event [ ]  Either

1. **Please provide a 5 – 10 sentence description of what your session is about. If selected, we will use this in our marketing materials to attract participants.**

Click here to enter text.

1. **What new skills and outcomes will attendees walk away with?**

Click here to enter text.

1. **Please describe your presentation methodology, including how you will engage participants with the material.**

Click here to enter text.

1. **Describe the interactive exercises you will use.**

Click here to enter text.

1. **If selected, you will have 1 hour to present your material. Please provide a general outline for that hour, so the committee can get an idea of the flow of your presentation.**

Click here to enter text.

1. **Please give us a 3-5 sentence summary of your professional background and experience (to be used in our marketing materials to attract participants):**

Click here to enter text.

1. **Please list two references with contact information that can speak to your presentation skills** **and expertise on this topic.**

Click here to enter text.

# Logistics

1. **Please mark the items you will need for your presentation:**

[ ]  Projector

[ ]  Laptop

[ ]  DVD player

[ ]  Flip chart

[ ]  Markers

[ ]  Masking Tape

[ ]  Other: Click here to enter text.

1. **Will you be providing handouts?** [ ]  Yes [ ]  No
2. **Do you have an item you’re willing to donate for a raffle?** [ ]  Yes [ ]  No

If yes, please describe: Click here to enter text.

1. **What is your preferred room layout**

[ ]  Team Tables of 4 – 6 [ ]  Classroom Style

[ ]  Theatre Style [ ]  U-Shape

# Things to Keep In Mind

* As a non-profit, educational association, ASTD Puget Sound does not provide monetary or other compensation for presentations.
* Meeting registration is complimentary for presenters.
* All travel, lodging, meals, special equipment purchases and equipment rentals are the speaker’s responsibility.
* ASTD Puget Sound develops and distributes promotional materials related to the presentation and may edit submitted information.
* Location opens a half hour prior to the program for set-up.
* ASTD Puget Sound prohibits any overt sales of products or services.
* Videotaping, audio taping and other forms of recording are prohibited unless otherwise approved by the program committee before the presentation.