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| Presenter Information |
| Primary Presenter Name: |
| **Primary Presenter Title and Company/Organization Name:** |
| Co-Presenter Name: |
| **Co-Presenter Title and Company/Organization Name:** |
| **Presentation Information** |
| **Presentation Title**: |
| **Provide a 2-3 sentence description of the presentation** (this may be edited and used for the conference brochure):  **(***There is a 400 character limit on this field***)** |
| **List three learning objectives/outcomes:**  **1.**  **2.**  **3.** |
| **Indicate topic area below** (refer to Information and Instructions sheet for additional description)**:**  Adult services and support, including transition to life after high school  Body, Mind, and Spirit  Community  Education, including early intervention and early education  Family, Self-Care, Health, and Wellness  Health care  Long-Term Care  Leadership and Advocacy  Other: |
| **Indicate content level:**  Beginner Intermediate Advanced General |
| **Additional Information** |
| **Has this information been presented at conferences previously:**  Yes  No  If yes, list conference, including previous Circles of Life conferences: |
| **Are you willing to repeat the presentation:**  Yes  No |

Please return both pages of this form to Lawren Olivanti at [LOlivanti@chw.org](mailto:LOlivanti@chw.org) no later than **October 5, 2017**.

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| --- | --- | --- |
| Presenter Bio and Background | | |
| Primary Presenter Name | | |
| **Title** (as you would like it to appear in the conference brochure)**:** | | |
| **Company/Organization Name** (if applicable)**:** | | |
| **Contact Name (if other than presenter):** | | |
| **Mailing Address:**  Work  Home | | **Email and web site** (if applicable): |
| **City/State/Zip:** | | **Telephone:** |
| **Provide a 2-3 sentence description of the presenter’s experience, background, or training.** | | |
| **Co-Presenter Bio and Background** | | |
| **Co-Presenter Name** | | |
| **Co-Presenter Title** (as you would like it to appear in the conference brochure)**:** | | |
| **Co-Presenter Company/Organization Name (**if applicable**):** | | |
| **Mailing Address:**  Work  Home | **Email and web site** (if applicable): | |
| **City/State/Zip:** | **Telephone:** | |
| **Provide a 2-3 sentence description of the presenter’s experience, background, or training.** | | |
| **Additional Presenters** | | |
| **List any additional presenters for this session:** | | |