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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 AdvocacyOther:       |
| **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  |

Presentation Application

Please return both pages of this form to Meg Steimle at msteimle@chw.org no later than **September 30, 2018**.

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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:**      |