



# 2015 Annual Family Cafe Presentation Proposal Form

*All professionals will be charged a registration fee of \$150 unless they are either persons with disabilities or parents of persons with disabilities. Forms must be returned by Friday, December 19, 2014.*

## **Primary Presenter**

Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Voice: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## **Additional Presenter**

Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Voice: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## **Additional Presenter**

Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Voice: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Presentation Title:** \_\_\_\_\_

**Language of Presentation:**       English     Spanish     Other: \_\_\_\_\_

**Website:** I would like to have my presentation available on The Family Cafe website. Yes  No

**Audio/Visual Needs:** Screen Only  Flipchart/Markers/Easel

Lavaliere microphones will be ordered for speakers with accessibility needs only. Please advise if a lavaliere microphone will be needed by calling (888) 309-CAFE.

**Synopsis and Expertise:** Please attach a brief description of your proposed presentation of approximately 75-100 words, written exactly as you would like it to appear in the official event program. In a separate paragraph, please briefly describe your expertise and/or experience with the topic of your proposed presentation, for consideration by The Family Café Planning Committee in its selection process.

**If you do not receive a confirmation e-mail within one week of your submission, please send an e-mail to [mcorbin@familycafe.net](mailto:mcorbin@familycafe.net) to confirm that we have recieved your submission.**