ASTD San Diego Speaker Proposal  
Your Turn to Learn Annual Conference 2013

***Contact Information***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | | | |
| Title |  | | | | | | | | | | |
| Organization |  | | | | | | | | | | |
| Phone |  | | | Cell Phone | |  | | | FAX |  | |
| E-mail Address |  | | | | | | | | | | |
| Web Site |  | | | | | | | | | | |
| Mailing Address |  | | | | | | | | | | |
| City |  | | | | State | | |  | Zip | |  |
| ASTD SD Member? | | YES |  | NO |  | |  | | | | |
| Would you be interested in attending a post-conference Happy Hour? (appetizers provided) | | YES |  | NO |  | |  | | | | |

***Your Presentation***

All breakout sessions will be 1 hour in length. The breakout sessions will be focused on the conference theme: **Collaborate, Integrate, Engage**. Please specify which topic and type would best fit your presentation. (We reserve the right to choose a different topic theme.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Theme-based topic |  | Type of presentation |
|  | Collaborate |  | Best practices |
|  | Integrate |  | Workshop |
|  | Engage |  | Designing learning |
|  |  |  | Delivering training |
|  |  |  | Case study |
|  |  |  | Management |
|  |  |  | Coaching |
|  |  |  | Other: |

|  |
| --- |
| 1. Presentation Title: |
| 1. Select the level of knowledge participants should have to benefit from your presentation:   Beginner: Little or no previous knowledge of the subject matter.  Intermediate: Requires at least a basic knowledge and some experience.  Advanced: Requires a working knowledge and/or considerable experience. |
| 1. Session description: |
| 1. Session description for conference program (less than 50 words): |
| 5. List 3 learning objectives: |
| 1. Include a short professional bio. |
| 1. Write the session introduction below. This introduction will be used by the room monitor assigned to you. Please include years of experience, educational background, and practical experience in the subject matter. |
| 1. Provide contact information for two professional references:  |  |  |  |  | | --- | --- | --- | --- | | **Name** |  | **Name** |  | | **Title** |  | **Title** |  | | **Org.** |  | **Org.** |  | | **Phone** |  | **Phone** |  | | **Email** |  | **Email** |  | |
| 9. Please list the two most recent presentations or training sessions you delivered:   |  |  | | --- | --- | | **Presentation title** |  | | **Audience** |  | | **Location** |  | | **Date** |  | | **Link to recording** | *If available* | |  |  | | **Presentation title** |  | | **Audience** |  | | **Location** |  | | **Date** |  | | **Link to recording** | *If available* | |

**Your submission of this form indicates that you have also downloaded and read the ASTD-San Diego Copyright Policy, and agree to abide by its guidelines.**

If you haven’t received the form, you can find it online at our YTTL Event page on our website (<http://www.astdsandiego.org/YTTL2013_info>), or by emailing us at [2013YTTL@gmail.com](mailto:2013YTTL@gmail.com) to request a copy.

Please email completed proposals to**: 2013YTTL@gmail.com**

Deadline**: May 17, 2013**

**Thank you for your interest in presenting at our ASTD – San Diego conference on Tuesday, September 24, 2013!**