2017 NCATOD Annual Conference
Speaker Information Form

1. **Presenter Contact information:**
    Include full name and post nominal letters as you want them to appear in conference brochure
    Name:

    Email: **Phone:**

    Address:

    City   **State**   **Zip:**

2. **Provide a one paragraph biography of presenter to be used for speaker introduction and training approval application. (100 Words or Less)**

3. **Presenter Resume: Please send as an attachment.**

4. **Title of the Presentation: (10 Words or Less)**

5. **Description of Presentation: (150 Words or Less)**

6. **Outline/Agenda: List the topics that will be presented each hour.**

7. **Objectives: List at least one measurable objective for each hour of the presentation**. *Examples of objectives that can be measured: "Learners will be able to list, describe the three elements of, discuss six models that, be able to utilize the ABC inventory, (apply, demonstrate, write, prepare, assess, compare, rate, select, and so on.)" Examples of adjectives presenters should not use (because they can't be measured): "Participants will understand, be familiarized with, will learn."*

8. **Handouts and/or Presentations. A copy of handouts and presentations will be placed on the NCATOD website and will be needed for CE credit. Please send us a copy of your presentation and handouts one week before the conference.**

9. **Bibliography. Please submit a bibliography of at least three (3) references that are used in your presentation. Bibliographies are due on the day of your presentation. This is a requirement for CE credit.**

10. **Audio Visual and Media Requirements (Please check all that apply.)**

___ **Projector**	___ **Screen**
___ **Speakers**	___ **Laser Pointer**
___ **Flip Chart**	___ **Clickers**
___ **Flip Chart Stands**	___ **Microphone**
___ **Markers**	___ **Other Please list:_____**
___ **Laptop**	**_____**

Questions? Contact Melane Barber: **336-466-0972 | mchildress@crchealth.com**