



## Charlotte Chapter Presentation Proposal

*Please complete this form for each presentation abstract being submitted for consideration.*

Contact Information Presenter 1									
Name									
Title									
Organization									
Phone	( )	Cell	( )	FAX	( )				
E-mail Address									
Web Site									
Mailing Address									
City									
ASTD Charlotte Member? (check one)		YES	Your years of HR/Training/OD experience (check one)		0 – 2 yrs		6 – 10 yrs		
		NO			3 – 5 yrs		10 + yrs		
Contact Information Presenter 2 (if applicable)									
Name									
Title									
Organization									
Phone	( )	Cell Phone	( )	FAX	( )				
E-mail Address									
Web Site									
Mailing Address									
City									
ASTD Charlotte Member? (check one)		YES	Your years of HR/Training/OD experience (check one)		0 – 2 yrs		6 – 10 yrs		
		NO			3 – 5 yrs		10 + yrs		



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### About Your Presentation

*Describe the optimum audience for your presentation by checking all that apply below:*

#### Years of HRD Experience

<input type="checkbox"/>	0 – 2 Years
<input type="checkbox"/>	3 – 5 Years
<input type="checkbox"/>	6 – 10 Years
<input type="checkbox"/>	More than 10 Years

#### Job Titles (Check All That Apply)

<input type="checkbox"/>	Training Manager	<input type="checkbox"/>	Internal Consultant
<input type="checkbox"/>	O.D. Manager	<input type="checkbox"/>	External Trainer
<input type="checkbox"/>	Training Specialist	<input type="checkbox"/>	External Consultant
<input type="checkbox"/>	Internal Trainer	<input type="checkbox"/>	CLO, CMO _____

*List your presentation's subject area and three major learning objectives:*

Subject:	
L.O. 1.	
L.O. 2.	
L.O. 3.	

*Please suggest your best/most marketable title for your proposed presentation.*

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*So that we can market your presentation most effectively, please write a brief introductory paragraph describing the essential points of your presentation. (no more than 200 – 300 words).*

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*Please provide a short (1 paragraph) bio of yourself that we will use when promoting this program. This will also be used to verbally introduce you the day of the event.*

<b>Attach a picture (in .jpeg format) we may use in marketing your presentation</b>	

*Please provide two professional references who have seen you make a presentation within the last year and could discuss your ability with our chapter representative.*

<b>Reference 1 Name:</b>	
<b>Title</b>	
<b>Organization</b>	
<b>Phone</b>	
<b>E-mail</b>	

<b>Reference 2 Name:</b>	
<b>Title</b>	
<b>Organization</b>	
<b>Phone</b>	
<b>E-mail</b>	



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*Our Chapter speaking events are 60 minutes in length. If you would like to provide a workshop in addition to your presentation, please supply the additional information below.*

	2 Hour Workshop		Full-day Seminar or Workshop
	Half-day Seminar or Workshop		Multiple Half-day or Full-day Sessions

*Are there any other topic areas you would be interested in facilitating?*


*Please e-mail your completed proposal to the Charlotte Chapter VP Programs at [programming@astdcharlotte.org](mailto:programming@astdcharlotte.org).*

*Thank you for your interest in presenting to our chapter.*

*Please sign below to acknowledge your commitment to the **XXX** chapter meeting. Once your information is received, you will receive a confirmation letter with all of the details for the event.*

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

Sincerely,

*Charlotte Chapter of ASTD*