**Disclaimer: Please do not include personal information and home addresses, as information from this proposal is published on the conference website and provided to our attendees.**

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| **Speaker 1 Information** |

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| **Speaker 1 Name** |  |
| **Speaker 1 Address** |  |
| **Speaker 1 City** |  |
| **Speaker 1 State** |  |
| **Speaker 1 Zip** |  |
| **Speaker 1 Cell Phone** |  |
| **Speaker 1 Email Address** |  |

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| **Speaker 2 Information** |

|  |  |
| --- | --- |
| **Speaker 2 Name** |  |
| **Speaker 2 Address** |  |
| **Speaker 2 City** |  |
| **Speaker 2 State** |  |
| **Speaker 2 Zip** |  |
| **Speaker 2 Cell Phone** |  |
| **Speaker 2 Email Address** |  |

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| **Presentation Description** |
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| --- | --- |
| **Presentation Name** |  |
| **Length of Presentation****(X in gray box)**  |  | 60 Minutes |  | 90 Minutes |  | 2 Hours |
|
| **Is there a cost to your presentation?** |  | Yes |  | No |
| **Approx. Cost** |  |

Continued on page 2

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| **Speaker 1 Biography** |

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| **Speaker 1 Biography** |  |
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| **Speaker 2 Biography** |

|  |  |
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| **Speaker 2 Biography** |  |
|  |

**Click on place holder to add your picture.**

|  |  |
| --- | --- |
| Speaker 1 | Speaker 2 |

**Save form and email directly to:** tmgreen@mcsofl.org