Call for Presenters

## *Speaker 1*

|  |  |
| --- | --- |
| Name\* | Click here to enter text. |
| Title | Click here to enter text. |
| Company | Click here to enter text. |
| Address Line1 | Click here to enter text. |
| Address Line 2 | Click here to enter text. |
| City | Click here to enter text. |
| State / Province | Click here to enter text. |
| Postal Code | Click here to enter text. |
| Country | Click here to enter text. |
| Phone (s) | Click here to enter text. |
| Email | Click here to enter text. |
| Website Address | Click here to enter text. |

 *\*Please include licensure and certifications (i.e., PE, AIA, CCP, LEED AP, etc.)*

## Speaker 2 (See Special Note to Authors on page 3)

|  |  |
| --- | --- |
| Name\* | Click here to enter text. |
| Title | Click here to enter text. |
| Company | Click here to enter text. |
| Address Line1 | Click here to enter text. |
| Address Line 2 | Click here to enter text. |
| City | Click here to enter text. |
| State / Province | Click here to enter text. |
| Postal Code | Click here to enter text. |
| Country | Click here to enter text. |
| Phone (s) | Click here to enter text. |
| Email | Click here to enter text. |
| Website Address | Click here to enter text. |

## Previous Presenting Experience

List up to three speaking engagements including the year, presentation format, topic, and length (minutes) of presentation. Please include an electronic copy of one presentation from the list below or a link to an online video featuring you as the presenter. (Presentation should be within the last three years.)

|  |  |
| --- | --- |
| **Title 1** | Click here to enter text. |
| Venue | Click here to enter text. |
| Length | Click here to enter text. |
| **Title 2** | Click here to enter text. |
| Venue | Click here to enter text. |
| Length | Click here to enter text. |
| **Title 3** | Click here to enter text. |
| Venue | Click here to enter text. |
| Length | Click here to enter text. |

## Speaker References

Provide the name, organization and contact information (email, telephone) for two or more people who can attest to your speaking presentation skills.

|  |  |
| --- | --- |
| **Name 1** | Click here to enter text. |
| Organization | Click here to enter text. |
| Contact | Click here to enter text. |
| **Name 2** | Click here to enter text. |
| Organization | Click here to enter text. |
| Contact | Click here to enter text. |
| **Name 3** | Click here to enter text. |
| Organization | Click here to enter text. |
| Contact | Click here to enter text. |

## Brief Biography

In **100 words or less** provide a biographical summary of your work and experience as you would like it to appear in a conference agenda.

Please enter biography here: Click here to enter text.

## What Is Your Presentation Title?

Click here to enter text.

## What Are Your Presentation Topic Area(s)?

Click here to enter text.

## Learning Objectives:

**(what will the audience be able to DO as a result of attending your presentation)**

|  |  |
| --- | --- |
| **Objective 1** | Click here to enter text. |
| **Objective 2** | Click here to enter text. |
| **Objective 3** | Click here to enter text. |
| **Objective 4** | Click here to enter text. |

## Your Presentation Abstract:

[ ]  In **250 words or less**, describe your subject, sources, argument, and conclusions. Include any details that recommend your presentation for inclusion.

Please start your full abstract here: Click here to enter text.

## How to submit:

**Upon completion:**

Save your Form using the following naming convention: **LastName\_FirstName\_2020.docx**

Please ***do not*** save as a PDF.

Please submit forms to **NGardner@bcxa.org**