



Metro  
Speech -  
Language  
Network

## **SPEAKER AGREEMENT**

**25th Annual Colorado Metro Speech/Language Symposium  
February 4<sup>th</sup> & 5<sup>th</sup>, 2011**

Name: (Speaker #1) \_\_\_\_\_ (Free Registration if  
presentation is selected)

(Free Registration for 2 accepted speakers per presentation)

**\*Please provide names, addresses and email addresses for all co-speakers on page 2**

District/BOCES: \_\_\_\_\_ Job Title: \_\_\_\_\_  
(Include degree and ASHA certification if applicable)

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Presentation Title:** \_\_\_\_\_

**Presentation Description:** In 75 words or less, provide a detailed description of your presentation. This will be used in the Symposium Handbook.

**Do you plan on attending the Symposium on Friday?**  YES  NO

**Do you plan on attending the Symposium on Saturday?**  YES  NO

--OR--

**Do you plan on attending your presentation only?**  YES  NO

**Are you vegetarian or in need of a vegetarian meal?**  Yes  No

**Co-Speaker(s):** Please provide the following information on the person(s) presenting with you.

Name: (Speaker #2) \_\_\_\_\_ **(Free Registration if presentation is selected)**

District/BOCES: \_\_\_\_\_ Job Title: \_\_\_\_\_  
(Include degree and ASHA certification if applicable)

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Do you plan on attending the Symposium on Friday?**  YES  NO

**Do you plan on attending the Symposium on Saturday?**  YES  NO

--OR--

**Do you plan on attending your presentation only?**  YES  NO

**Are you vegetarian or in need of a vegetarian meal?**  Yes  No

Name: (Speaker #3) \_\_\_\_\_ (Regular Registration Fee)

District/BOCES: \_\_\_\_\_ Job Title: \_\_\_\_\_  
(Include degree and ASHA certification if applicable)

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*\*\*Co-Speaker #3 will need to fill out a registration form and submit a payment if they are planning on attending the symposium\*\*\*\***

--OR--

**Do you plan on attending your presentation only?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Handouts:** Copyrighted material must have publisher/author permission to be included in the handbook.

**Audio/Visual Information:**

•Provided by the Symposium staff: one LCD projector and screen in every room.

•Do you need a DVD and a Monitor for your presentation? YES \_\_\_\_\_ NO \_\_\_\_\_  
You are strongly encouraged to use a Power Point Presentation

**•PLEASE BRING YOUR OWN LAPTOP IF NEEDED FOR YOUR PRESENTATION. THANKS!**

**Please rank order your choice of presentation days/times (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>):**

\_\_\_\_ Friday, pm \_\_\_\_ Saturday (1<sup>st</sup> session) \_\_\_\_ Saturday (2<sup>nd</sup> session)

**Email this agreement to:**

Gayla.Mortensen@adams12.org