**NLN Affiliated Constituent League**

**Policy and Procedure**

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| --- | --- |
| policy number | **8.4** |
| policy name | Speaker Submission Form |
| **date of origin** | (Date) |
| purpose | * To evaluate speakers to benefit long-range educational planning. |
| 1. **policy** | **By checking this box, I agree with the above Speaker Requirements if chosen as a speaker at an XYZ event and am ready to submit my proposal online to XYZ**  **Speaker Proposal Submission Form**  Top of Form   |  |  | | --- | --- | | **♦ Contact Information ♦** | | | Speaker First Name |  | | Speaker Last Name |  | | Speaker Designation *(if any)* |  | | Title |  | | Organization |  | | Address |  | | City |  | | State |  | | Zip |  | | Phone |  | | Fax |  | | Email |  | | Website |  | | Is speaker a member of NLN? | |  |  |  | | --- | --- | --- | | Yes | No |  | | | If yes, please indicate which League |  |   Bottom of Form   |  |  | | --- | --- | | **Presentation Information ♦** | | | **Proposed Presentation Title** |  | | **Topic Area** *(check all that apply)* | |  |  | | --- | --- | | Students | Faculty Development | | Continuous Quality Improvement | Curriculum | | Resources | Innovation | | Educational Research | Environment | | Leadership | Technology | | Other |  | | | If other, please specify |  | |  | | | **Topic Area would be appropriate for:** *(Check all that apply)*   |  |  |  | | --- | --- | --- | | Beginner | Intermediate | Advanced | |  | | | | | | **Topic could be:** *(Check all that apply)*   |  |  |  | | --- | --- | --- | | Keynote | Breakout Session | ½ Day Workshop | |  | | | | | | **♦ Session Specific Information ♦** | | | **This session would be of interest to our audience because** | | |  | | | **Topic Description (100 words or less) This will be used as the session description in  marketing materials and the event program** | | |  | | | **Learner Objectives: List the top three ideas or skills an attendee will learn or  be able to act on after participating in your session** | | |  | | | **Presenter Biography (100 words or less)** | | |  | | | **Speaker's Presentation Style: (Check one)**   |  |  |  | | --- | --- | --- | | Lecture | Interactive |  | | | |  | | | **Have you previously presented to the XXXNLN?**   |  |  |  | | --- | --- | --- | | Yes | No |  | | | |  | | | **If yes, provide the date and topic of previous presentation** | | |

Revision Dates: