**NLN Affiliated Constituent League**

**Policy and Procedure**

|  |  |
| --- | --- |
| 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: