

Dear Prospective Presenter:

Thank you for your interest in presenting to the ASTD Atlanta Chapter.

Please carefully review the information below. If you'd like to proceed, submit your presentation proposal to [email](#), using the attached form.

SELECTION

- ASTD Atlanta will review your proposal, and select those presentations that are most relevant, current, and compelling to our membership, and that have strategic value to the association.
- Presentations that address current ASTD-Atlanta / industry topics are preferred.

FORMATS

Presentations are the cornerstone of our meetings. Please tailor a presentation in at least one of these formats:

- Case study presentation and discussion
- Hands-on workshop for participants to practice and apply skills
- Panel discussion

EVALUATION AND SELECTION PROCESS

Upon receipt, your submission will be acknowledged and reviewed. All proposals are ranked according to selection criteria established by the Atlanta ASTD Chapter.

INFORMATION FOR ALL PRESENTERS

The primary purpose of meeting presentations is to educate and enlighten our members, who represent all segments of the workplace learning and performance community. Members include trainers, organizational development practitioners, human resource professionals, instructional designers, various managers and executives, technology vendors, and internal and external consultants.

We enjoy presentations with the following aspects: multiple presenters, effective audiovisual materials (e.g., PowerPoint presentation, web demonstration), handouts, (e.g., sample job aids, etc.). Please restrict the use of your organization's logo and presenters' contact information to the final page of visual materials. Recording of the presentation is prohibited unless otherwise approved prior. We do not permit presenters to survey our members prior to presentations. Post session feedback is available if requested. We do not reimburse presenters for expenses, nor provide honoraria for presentations. Meeting registration, which includes a light meal, is complimentary. Guests of presenters are expected to pay the meeting fee, if fee applies.

GUIDANCE FOR CONSULTANT PRESENTERS

Please do not sell products or services during your presentation. Ensure that your presentation focuses on concepts, techniques, and best practices. We greatly prefer presentations that feature work done with clients. Presenters are not permitted to solicit member contact information directly. However, presenters are permitted to obtain contact information by means of a business card raffle of books, products, or other give-aways, as long as members are advised that their contact information may be used by you for marketing purposes.

ASTD – Atlanta Chapter Presentation Proposal

To be considered for speaking presentations to the ASTD-Atlanta Chapter, please complete this form in full. Presentations for ASTD Atlanta events are pro bono on the part of speakers.

CONTACT INFORMATION

Name					
Title					
Organization					
Mailing Address					
City		State		Zip	
Phone		Cell		Fax	
E-mail Address:					
Web Site					
ASTD-Atlanta Member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
National ASTD Member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Co-Presenters: Please list all presenters.					

ABOUT YOUR PRESENTATION

Event(s) the presentation would apply.			
<input type="checkbox"/>	Special Interest Group / Geographic Interest Group Presentation	<input type="checkbox"/>	Half Day Seminar or Workshop
<input type="checkbox"/>	Chapter Meeting	<input type="checkbox"/>	Full Day Seminar or Workshop
<input type="checkbox"/>	2 Hour Workshop	<input type="checkbox"/>	Other
Presentation Special Needs:			
Any Special Room Requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Please Specify:
Any Limitations to the Audience Size?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Minimum: <input type="text"/>
		Maximum: <input type="text"/>	

- List your presentation title and 3 major learning objectives.
- Describe the intended audience in terms of their years of experience, job titles, skill levels or other relevant criteria.
- List all competencies covered and describe how your presentation supports the professional development of those in the training and development field.

4. Describe how your presentation addresses the special needs of multi-cultural or disabled learners.
5. Provide a copy of your presentation outline and include a rough timing sequence. In this outline, describe the training modalities (lecture, small/large group discussion, individual cognitive activities, experiential activities, etc.) you use to actively engage the audience.
6. Describe any takeaway materials that you provide to the audience.

MARKETING YOUR PRESENTATION

To help the chapter target the correct audience and effectively market your presentation, the following information would be extremely helpful. We may ask your participation in our online community and marketing efforts to further market the presentation. If you do not want to provide this information, we may ask for your help later in accurately describing your presentation / workshop.

1. A descriptive overview.
2. A one-paragraph bio sketch of all presenters.
3. A one-paragraph description of your presentation, including title, audience and focus.
4. A list of your products or books that you'd like made available at the presentation. We may be able to assist with book or product sales.
5. A video or DVD of your presentation.

Note: ASTD-Atlanta develops and distributes promotional materials related to the presentation session, and may edit submitted copy as needed.

SUBMISSION

Please complete and submit this form in its entirety.

Please return all materials via email only. The subject line should read "ASTD Speaker Proposal: Your Name". Send materials to the ASTD-Atlanta Chapter at [EMAIL ADDRESS](#).

Upon receipt, your submission will be acknowledged and then forwarded to the appropriate person. If your submission is accepted, you will be contacted for further discussion.

ASTD – Atlanta Chapter

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Phone: 404-760-2809 **Email:**

Website: www.astdatlanta.org