OCADSV 2019 Annual Conference - Presenter Application

EACH PRESENTER MUST COMPLETE AND SUBMIT A SEPARATE COPY OF THIS FORM.
PLEASE TYPE OR WRITE NEATLY IN BLOCK LETTERS.

Full name:	Il name:		Pronouns:
Agency/organization:			
Address:			
City:	State:		Zip:
Cell phone:		Email:	
If your workshop(s) are selected, who should receive payment: OMe OMy employer (listed above) ONo one (cannot accept payment) OOther:			
Title(s) of proposed 2019 workshops:			
Bio:			
Have you ever presented at a previous OCADSV Conference? □Yes □No			
If Yes, list the most recent workshop title(s) and year(s):			
If No, how did you hear about the OCADSV Conference?			