**OCADSV 2023 Annual Conference - Presenter Application EACH PRESENTER MUST COMPLETE AND SUBMIT A SEPARATE COPY OF THIS FORM.**

**PLEASE TYPE OR WRITE NEATLY IN BLOCK LETTERS.**

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| **Full name:**  | **Pronouns:** More info: bit.ly/2yzAFVU |
| **Agency/organization:** |
| **Address:** |
| **City:**  | **State:**  | **Zip:** |
| **Cell phone: Email:** |
| **If your workshop(s) are selected, who should receive payment:** ⚪Me ⚪My employer (listed above) ⚪No one (cannot accept payment) ⚪Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Title(s) of proposed 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?** |

*Don’t forget your Release of Information, Photo Release, and*

*Workshop Proposal forms.*

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