

OCADSV 2024 Annual Conference - Presenter Application

EACH PRESENTER MUST COMPLETE AND SUBMIT A SEPARATE COPY OF THIS FORM.

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: <input type="radio"/> Me <input type="radio"/> My employer (listed above) <input type="radio"/> No one (cannot accept payment) <input type="radio"/> Other:		
Title of proposed workshop(s):		
Bio (50-100 words):		

Continue to the next page

*Please submit Workshop Application with Presenter Application Form for all presenters
with your Workshop Proposal to info@ocadsv.org*

Is there anything you would like to share about this presenter, that you would not like to have published with your bio? This will be seen only by OCADSV Staff.

Do you have any accessibility needs?

Have you ever presented at a previous OCADSV Conference? Yes No

If yes, list the most recent workshop title(s) and year(s):

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How did you hear about the OCADSV Annual Conference?

Please note if you were invited by OCADSV Staff or Board member and who.

Please note, an invitation to apply does not guarantee that your workshop will be accepted.

Release of Information and Confidentiality

OCADSV publishes the **Workshop Title** and **Description** of accepted presenters, using the information that will be submitted through questions on the page following presenter information questions. *This information cannot be withheld from published materials.*

OCADSV publishes the **name, pronouns, organization, title, and bio** of accepted presenters, using the information submitted through the questions above. *This information can be withheld from published materials if there are confidentiality concerns that may be a barrier to your participation.*

All information above will be confirmed with the accepted presenters prior to publishing.

OCADSV will not publish **email, phone number, city, or state** unless it is included in the presenter's organization name (ex: Oregon Coalition), or bio.

If additional confidentiality is needed, it will not affect your workshop's eligibility to be accepted.

If a confidentiality need comes up between now and the conference, please don't hesitate to let us know so we can ensure identifying information is removed as soon as possible.

I consent to the Oregon Coalition Against Domestic and Sexual Violence, its representatives, and employees the right to use the above-listed information submitted by me in connection with the above-identified subject. I authorize the Oregon Coalition Against Domestic and Sexual Violence, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

I do not consent to my name, pronouns, organization, title, or bio being published.

Photo Release

I permit the Oregon Coalition Against Domestic and Sexual Violence, its representatives and employees, the right to take photographs and video of me and my property in connection with the above-identified subject. I authorize the Oregon Coalition Against Domestic Sexual Violence, its assignees, and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Oregon Coalition Against Domestic and Sexual Violence may use such photographs and video of me with or without my name and for any lawful purpose including for example such purposes as publicity, illustration, advertising, and web content.

I consent to the photo release

I do not consent to the photo release

Please submit along with your workshop application form and any additional presenter applications for co-presenters