

# Presentation Proposal Form

3<sup>rd</sup> Annual Disability Expo

July 25, 2024, at 10:00 AM – 4:00 PM

Prime Osborn Convention Center,

Jacksonville, FL



**Submission Deadline March 15, 2024**

## Please complete presenter(s) information

### Primary Presenter

First and Last Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Presenter Experience: \_\_\_\_\_

\_\_\_\_\_

Presenter Biography: Please provide a brief biography (no more than 100 words) written in the third person to be used in the expo publications.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Photo (Headshot): please attach print resolution .jpg or .png file

**Co-Presenter #1 (if applicable)**

First and Last Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Presenter Experience: \_\_\_\_\_

\_\_\_\_\_  
Presenter Biography: Please provide a brief biography (no more than 100 words) written in the third person to be used in the expo publications.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Photo (Headshot): please attach print resolution .jpg or .png file

**Co-Presenter #2 (if applicable)**

First and Last Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Presenter Experience: \_\_\_\_\_

\_\_\_\_\_

Presenter Biography: Please provide a brief biography (no more than 100 words) written in the third person to be used in the expo publications.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Photo (Headshot): please attach print resolution .jpg or .png file

## **Please complete presentation information**

**Presentation Title:** \_\_\_\_\_

**Length of Presentation:** 30-60 minutes

**Presentation Description 50 – 75 Words:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Language of Presentation:**    English    Spanish    Bilingual    Other

**Who is your intended audience?** \_\_\_\_\_

**What is the presentation's intended level of learning?**

Beginners    Intermediate    Advanced

**Are you able to provide the presentation and any materials/handouts 2-4 weeks before the event date in English, Spanish, Braille, and Large Print?**

Yes    No    If No, please explain: \_\_\_\_\_

\_\_\_\_\_

Thank you for your proposal; selected presenters will be notified by March 25, 2024.

If you have any questions or need additional information  
please contact Lois Smokes or Katherine Avery at 904-255-5466.

**Submission Deadline March 15, 2024**