

10th ANNUAL SOUTHWEST WASHINGTON AUTISM CONFERENCE CALL FOR PRESENTERS November 13, 2020

The Lewis County Autism Coalition will host its 10th annual *Southwest Washington Autism Conference* on Friday, November 13, 2020 **ONLINE** and invites you to share your experience and knowledge as a presenter. Our 2020 conference has a theme of *Beyond The Label: Educate – Engage - Empower*. Workshops are aligned with the theme and advance the success of neurodiverse people, families, and professionals.

Each presenter receives a complimentary registration the Conference.

Workshop Information: Workshop sessions are 45- 60 minutes long. Please indicate if your presentation requires a double session (105 minutes).

<u>Selection Process</u>: All workshop proposals are due **June 30, 2020**. Selections regarding your workshop application will be made by July 24, 2020.

Presentations that primarily promote a product or organization will not be considered.

Presenters serve as volunteers and are not reimbursed for expenses. *The exception is autistic adults who are a priority for presenter selection and paid an honorarium.*

Accepted presenters will be emailed a presenter information packet. Presenters agree to provide LCAC with an electronic copy of their handouts by October 20, 2020. These documents will be provided on the Autism Coalition's conference website.

Completed Applications must include:

□Presenter biography □Presentation information (Not to exceed 50 words)

□Topic of the Presentation □Signature and date

Current resume/Curriculum Vitae

Email your Presenter Application form to: <u>conference@lcautism.org</u> by **June 30, 2020**. Early submissions are encouraged.

If you need other accommodations for turning in your application please email <u>conference@lcautism.org</u>



Call for Presenters for 10th Southwest Washington Autism Conference November 13, 2020

Submission Deadline is June 30, 2020.

IOTE: Please complete one form per presenter.
Presenter Information:
IAME:
ob Title:
Drganization:
Aailing Address: □Work □Home
City: State: Zip/Postal Code:
Phone: □Work □Home E-mail:
bout You: □New Presenter □Previous presenter □Workshop requires 2 sessions (105 minutes)
IOTE: Single workshops are 45-60 minutes in length
Presentation Topic:
Session Title:
Primary Audience:
Please briefly describe the topic(s) of your session (You can use a separate piece of paper):
Presentation Style: Please check one: DLecture □Hands On □Interactive □Other (please describe)
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Program Brochure Description: Please provide a description of your presentation as it will appear on the Conference website and program. Your description is limited to 50 words. Descriptions that exceed 50 words will be edited at the Autism Coalition's discretion.

<u>Current Resume</u>: Please include a copy of your current resume or Curriculum Vitae.

I understand that as a presenter for the 10^{th} annual Southwest Washington Autism Conference, I serve on a voluntary basis and will not be reimbursed for my expenses for participation (the exception being autistic adults). As a conference presenter I will not be charged a registration fee. If accepted, I agree to provide a copy of session handouts for all conference attendees in an electronic format. \Box Yes \Box No

Signature: _	Date:	

Print: _____