|  |  |
| --- | --- |
| Logo NOARK color | **SuperCon 2015**  A Conference for Supervisors and Managers |

**Speaker/Presenter Proposal Form**

Please complete the following in its entirety and return by July 25, 2015. This is a write-on Word document. Please fill in the blanks (which will expand as needed), save a copy for yourself, and **attach a completed copy to an email addressed** to Judith Tavano, Chair, Conference Committee, [jtavano@uark.edu](mailto:jtavano@uark.edu).

Please provide the following:

|  |  |
| --- | --- |
| **NAME OF PRINCIPAL PRESENTER**: |  |
| Title: |  |
| Highest Earned Credential: |  |
| Certifications: |  |
| Organization: |  |
| Street Address: |  |
| Street Address (cont’d): |  |
| City/Town: |  |
| State: |  |
| ZIP: |  |
| E-Mail Address: |  |
| Office Phone: |  |
| Cell Phone (or other): |  |
| Twitter Name: |  |
|  |  |
| 1. **Title of Presentation** *(as it should appear in the program and other promotional materials):* |  |

1. **Complete Description of Presentation**. *Please provide a (75 word or less) summary of your presentation. You may paste the description into the box below.*

|  |
| --- |
|  |

1. **Has your presentation been approved for SHRM PD credit or another certifying body previously? If so, please insert Activity ID Number below.**

|  |
| --- |
|  |

1. **Which topical areas does your presentation address?** *Check all that apply*.

|  |  |
| --- | --- |
|  | **Leadership & Navigation** |
|  | **Business Acumen** |
|  | **Consultation** |
|  | **Global & Cultural Effectiveness** |
|  | **Ethical Practice** |
|  | **Relationship Management** |
|  | **Critical Evaluation** |
|  | **Communication** |
|  | **HR Knowledge** |

1. **Has your presentation been approved for HRCI credit or another certifying body previously? If so, please indicate if it was for *Strategic Business Management* or *General* HRCI hours or other, as well as the approval number.** *Please consult www.hrci.org for an explanation of the difference between the two and use that information to defend your answer. If in doubt, leave blank.*

|  |
| --- |
|  |

1. **Which topical areas does your presentation address?** *Check all that apply*.

|  |  |
| --- | --- |
|  | **Strategic Business Management** |
|  | **Workforce Planning and Employment** |
|  | **Compensation and Benefits** |
|  | **Employee and Labor Relations** |
|  | **Human Resource Development** |
|  | **Cultural Competence** |

1. **Key Learning Objectives.** *Please list at least three presentation learning objectives (key “take-aways”) as statements of outcomes. NOTE: Objectives should begin with an action verb. See sample below:*

|  |  |  |
| --- | --- | --- |
| Sample: | Participants will be able to… | Identify three best practice solutions for retention of older workers. |
|  |  |  |
| Learning Objective #1: | Participants will be able to… |  |
| Learning Objective #2: | Participants will be able to… |  |
| Learning Objective #3: | Participants will be able to… |  |
| Learning  Objective #4: | Participants will be able to… |  |

1. **Presenter Bio** (s) *– Please provide your biographical information as you wish it to appear in conference program and promotional materials.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
|  |  |

1. **Presentation Needs and Specifications.** PLEASE NOTE: *Presenters may be* ***required to bring their own laptop computers pre-loaded with their presentations. If so, you will be notified before the conference.***

Check all other needs as follows:

|  |  |
| --- | --- |
|  | I will need a podium with a microphone. |
|  | I would prefer a lapel microphone. |
|  | I will be showing PowerPoint slides. |
|  | I will be showing embedded video. |
|  | I will need Internet connection for my presentation. |
|  | I will provide my presentation to the committee for posting on the website. |
|  | I will need a table in the front of the room with 2 chairs. |
|  | I will need a table at the back of the room for materials that may be of interest to my audience. |
|  |
|  | I understand that the conference planners will set the presentation rooms to meet the needs noted here, and that conference organizers cannot make last minute changes or substitutions on the day of the presentation. |
|  |
|  |

Special Needs

|  |
| --- |
|  |

1. **References:** *Please provide the name, organization, phone number and email address of two professional references who can attest to the quality of your previous presentations:*

|  |  |
| --- | --- |
| **NAME OF REFERENCE**: |  |
| Title: |  |
| Organization/: |  |
| E-Mail Address: |  |
| Office Phone: |  |
| Cell Phone (or other): |  |

|  |  |
| --- | --- |
| **NAME OF REFERENCE**: |  |
| Title: |  |
| Organization/: |  |
| E-Mail Address: |  |
| Office Phone: |  |
| Cell Phone (or other): |  |

*Complete below if you are someone other than one of the presenters listed above.*

|  |  |
| --- | --- |
| **NAME OF PERSON COMPLETING FORM**: |  |
| Title: |  |
| Organization/University/College/Other: |  |
| Street Address: |  |
| Street Address (cont’d): |  |
| City/Town |  |
| State: |  |
| ZIP: |  |
| E-Mail Address: |  |
| Office Phone: |  |
| Cell Phone (or other): |  |