If you are interested in speaking at one of our Professional Development Programs, please complete this form and return to [programs@atdgreatercleveland.org](mailto:programs@atdgreatercleveland.org).

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| **Speaker Information** | | | | | |
| Speaker’s Name: | | |  | | |
| Title: | | |  | | |
| Company: | | |  | | |
| Phone: | | |  | | |
| Email: | | |  | | |
| Certifications held: | | |  | | |
| Website: | | |  | | |
| Are you a member of ATD Greater Cleveland? | | | | Yes ☐ | No ☐ |
| Are you a member of National ATD? | | | | Yes ☐ | No ☐ |
| Brief narrative description of yourself and your experience in the topic: | | | | | |
|  | | | | | |
| List articles or books you have written; awards you have won; or podcasts/webinars/videos in which you are featured that relate to your topic: | | | | | |
|  | | | | | |
| Provide the name, email, and phone number of two professional references who are familiar with your presentation style, speaking experience, etc. | | | | | |
|  | | | | | |
| *Note: All contact information you provide us will remain confidential. We will only use it to contact you if your proposal is accepted.* | | | | | |
| **Program Information** | | | | | |
| Program Title: | |  | | | |
| Program Description: | |  | | | |
| Learning Objectives: | |  | | | |
| Please identify the ATD Area of Expertise (AOE) for your program:  Describe what makes your presentation unique compared to other presentations on the same topic? | | | | | |
|  | | | | | |
| Preferred Format: | ☐ Webinar (60 minute interactive online session) | | | | |
|  | ☐ Program (75 – 90 minute in person evening session) | | | | |
|  | ☐ Workshop (hands-on workshop during the day) | | | | |