If you are interested in speaking at one of our Professional Development Programs, please complete this form and return to 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) |