

Contacted	
Added	
Notified	

Presenter Application

Name _____

Organization Name: (if applicable) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Presentation Information

I am best described as a:

_____ Parent _____ Family Member _____ Person w/autism

_____ Educator _____ Medical Professional _____ Service Provider

_____ Other (please explain): _____

I have presented before:

_____ No _____ Yes If yes, please provide most recent presentation topics, dates and events below.

Description of your qualifications and expertise (which could include having a child with ASD):

Title of Presentation:

Description of Presentation: (50 words or less)

Learning Objectives:

Presentation would provide value to:

Families/Parents:

_____ Newly Diagnosed/Early Childhood _____ Middle School _____ Adolescents _____ Adults w/ASD

Educators:

Beginners _____ Advanced _____

Thank you for supporting our organization. Please mail or fax your application.