



NATIONAL CONVERGE AUTISM SUMMIT

Speaker Application

Primary Speaker's Name *

Company Name as Applicable. If not applicable, place N/A in the box. *

State/Province and Country *

*if outside of the US

City *

Your Industry *

Your Web Site

[http:// www.example.com](http://www.example.com)

Phone Number *

E-mail *

Please insert or attach a high resolution, print-ready (300dpi or higher) professional picture for you and any co-presenters. These will be used on our website, print media, and any digital media advertising the conference. *

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About Your Presentation

The title of your session is the first impression for Conference Attendees. Use a concise, but inclusive, title which clearly conveys what you will be presenting and draws attendees' attention to your topic.

Title of Your Session: *

Category (Pick at least one OR up to 3 that apply) *

Other:

*Abstract: Your session abstract will tell Conference Attendees why they should attend your session. To be effective and create interest, it should provide a brief, clear, and concise reflection of your presentation's content. The abstract should only be one paragraph of between 150 to 250 words in length. **

*Outline Your Learning Objectives. List 4 to 5 primary or key elements of your topic that you will be discussing. **

1

2

3

4

5

*Presentation Teaching Methods / Learner Engagement Strategies: (i.e., PowerPoint, Q & A, mixed media, small groups, etc.). Please identify each. **



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Identified Gaps in Practice as Related to Your Presentation Topic. *Please identify each.* *

Presentation Bibliography. *Please identify each.* *

Target Audience *

<input type="checkbox"/> Parents/Guardians	<input type="checkbox"/> Direct Care Workers	<input type="checkbox"/> Teachers/Educators	<input type="checkbox"/> Psychiatrists
<input type="checkbox"/> Individuals with Autism	<input type="checkbox"/> Recreational Therapists	<input type="checkbox"/> Speech-Language Pathologists	<input type="checkbox"/> Occupational Therapists
<input type="checkbox"/> Nurses	<input type="checkbox"/> Social Workers	<input type="checkbox"/> BCBA's/RBT's	<input type="checkbox"/> Advocates
<input type="checkbox"/> Families/Siblings	<input type="checkbox"/> Family Therapists	<input type="checkbox"/> Other:	



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Have you given this presentation before and/or do you intend to present it elsewhere in the near future? *

If YES, please list where and when - If NO, place N/A in the Where box. *

Where?	When?

Please provide references with phone numbers and/or emails - If NO, place N/A in the Name box. *

Reference #1:

Name:	Title:
E-mail:	Phone:

Reference #2:

Name:	Title:
E-mail:	Phone:

Reference #3:

Name:	Title:
E-mail:	Phone:

Bio for Speaker #1 *

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Resumes are required for our Continuing Education applications. Please paste your resume or a link to an online resume in the box below -OR- you may attach in your application e-mail. *

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If available, please provide us with a link or links to a video clip of you presenting.

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Co-Presenters

How many additional speakers will be presenting with you? *
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Speaker's Name #2
Bio for Speaker #2
Resume for Speaker #2
Speaker's Name #3
Bio for Speaker #3
Resume for Speaker #3



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Other and Waivers

Are you both an Exhibitor and a Speaker? In order to schedule your session properly, please let us know. *

Yes No

By checking below, you agree to submit your presentation as a PowerPoint document with all media attachments included. You agree to provide your presentation within the given time limit prior to the conference. You understand that formatting guidelines will be given to you and not following these guidelines may result in your presentation not appearing as it should at the conference. *

Agree

By checking below, you agree that you understand a copy of your presentation will be made available for attendees of the Converge Autism Summit to download from our website for a limited period of time after the conference. *

Agree

Conflict of Interest / Financial Disclosure (*A conflict of interest exists when an individual is in a position to control or influence the content of an educational activity and has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the educational activity.*)

Within the past 24 months have you had any financial associations with companies whose main business is to produce, market, sell, or distribute products for patient use? If yes, please disclose the company name and the nature of the financial association. If the financial association has ended, please indicate so. (*Of note, there is no minimum financial amount, all financial associations must be disclosed and must also be disclosed regardless of education relevance.*) If **YES**, please check YES and disclose below, if **NO**, please check NO. *

YES NO

By checking this box I verify that all information provided is accurate and complete. *



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Submission of your application does not constitute nor guarantee approval to speak at our conference. Applications will be reviewed on a case-by-case basis by the conference planning committee for pre-approval. Accepted applicants will be contacted by the Event Coordinator or a designated representative to discuss and resolve any additional considerations before confirmation. Converge Autism Summit strives to be inclusive and provide equal opportunity for speakers regardless of age, race, ethnicity, religion, culture, language, disability, socioeconomic status, sex, sexual orientation, and gender or expression. The committee reserves the right to determine the eligibility of any speaker or topic for inclusion in the summit and reserves the right to reject or prohibit any presentation in whole or in part, or a presenter, or their representatives, with or without giving cause.

- I understand that submitting my application for review does not constitute acceptance to be a speaker/presenter on the part of the Converge Autism Summit or its representatives. ***

****Notates fields that must be completed.***

