

Presentation Proposal Information Form

The Metropolitan Senior Network invites you to submit a presentation proposal for an upcoming MSN presentation. MSN's educational programs are designed to ensure that attendees leave each session equipped with effective strategies to help them in their position as marketing professionals in long term care.

Presenter Information

Name: _____ Credentials: _____

Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

- Please provide a one-paragraph narrative about each person participating in the presentation.

Speaking History

Identify your experience in making presentations to groups:

- Significant Experience Moderate Experience Limited Experience

Identify your association with MSN & other organizations:

- I have spoken at a previous MSN event

Presentation Title: _____

Presentation Date: _____

- I will be a new speaker for MSN. *List a recent speaking engagement & contact/reference.*

Contact Person: _____ Title: _____

Company: _____

Phone: _____ Email: _____

Event: _____ Event Date: _____

Title of Presentation: _____

Training Compensation:

- My organization will sponsor the session therefore MSN will not incur any cost for me to speak

Please note that MSN will offer presenters who present complimentary the chance to "soft sell" their business at the sessions.

- I will need an honorarium of \$ _____ per training day.



PO Box 66700 - Portland, OR 97290
www.metropolitanseniornetwork.org

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Presentation Information

Title: _____

Length: _____

Level of Sophistication: Introductory Intermediate Advanced

Topic Area (*please choose all that apply*):

- | | |
|--|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> General Marketing/PR |
| <input type="checkbox"/> Empowerment/Inspirational | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Ethical Marketing | <input type="checkbox"/> Networking |
| | <input type="checkbox"/> Referrals |

Other: (*Please Specify*): _____

Session Description:

Provide a 100 word or less narrative of the topic you are proposing to present on. Session length will be approximately 1 hour. NOTE: If this proposal is accepted for presentation, materials will include the following text (subject to editing). Attach separate document if necessary.

Session Objectives:

List at least three learning objectives by completing the statement, "At the conclusion of this session, the participant should be able to:" Attach separate document if necessary.

1. _____

2. _____

3. _____



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