2017 Minnesota State Self-Advocacy Conference

May 12-13, Double Tree Bloomington, 7800 Normandale Blvd, Minneapolis, MN 55439

**PRESENTATION APPLICATION FORM**

Please return form to: 2017 Conference Planning Committee Email: [pmitchell@selfadvocacy.org](mailto:pmitchell@selfadvocacy.org)

Advocating Change Together Fax: 651-772-4352

1821 University Ave W STE 306-S

St. Paul, MN 55104

|  |
| --- |
| Name of Presentation: |
| Description of Presentation: |
| Name of Presenter(s): |
| Please include a short bio for each presenter *(no more than 25 words for each person):* |

**Is this a self-advocate led workshop? YES NO**

*Self-advocate led workshops may be supported by staff.*

**Speaker Fee** *(please check one):* \_\_\_ Volunteer Presentation \_\_\_ Stipend Requested $\_\_\_\_\_\_\_

**Method of Presentation** *(please check all that apply)*: \_\_\_ PowerPoint \_\_\_ role-play \_\_\_video/DVD \_\_\_ music \_\_\_ discussion \_\_\_ participatory exercise \_\_\_ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Yes**, I understand that the conference will NOT be supplying audio-visual equipment (LCD projectors, overhead projectors, and computers).

**Room Set-Up Requested** *(please check one):* \_\_\_ Round Tables \_\_\_ Theater Style

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact Information**

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_