



Florida Alliance of Information & Referral Services, Inc.
Statewide Training Symposium, February 15-17, 2012
Wyndham Lake Buena Vista Resort, Orlando, FL
“2012: For the Love of I & R”

PRESENTER APPLICATION

We appreciate your interest in becoming a FLAIRS presenter. Please complete this form to provide information on your workshop proposal and return as soon as possible, no later than November 4, 2011.

Please send a separate proposal for each presentation submitted. Submit proposals by November 4, 2011 via mail, email or fax to:

Angela Fisher, FLAIRS Conference Coordinator
c/o Senior Choices of Southwest FL
15201 North Cleveland Ave., Suite 1100, N. Ft. Myers, FL 33903
Phone: 239.652.6905 Fax: 239.652.6990
angela.fisher.psa8@gmail.com

Name and title of Lead Presenter: _____

Organization/agency: _____

Mailing address: _____

City/State/Zip: _____

Telephone: _____ FAX: _____

Email: _____

Attach a separate sheet with your list of all co-presenters, including titles, organization, addresses, telephone numbers and email. NOTE: Communication for groups of presenters will be the responsibility of the “lead presenter”; all correspondence will go through them to their co presenters.

Background and qualifications of the presenter(s) – For each presenter please provide a brief biographical sketch of formal training experience and affiliations directly related to the proposed subject matter (maximum of 150 words). **Attach an additional sheet if necessary.**

Workshop title and description - Please give the title of the workshop and briefly describe the major concepts to be presented (maximum of 75 words). This will serve as the description in the conference program and will serve as the basis upon which participants will select their workshop choices. **Attach an additional sheet if necessary.**

Instructional methodology - Please describe the learning methods to be employed for your workshop, i.e. case studies, lecture, panel, work groups, buzz groups, slides, video, etc. **(Please note that on previous conference evaluations participants reacted favorably to the use of a variety of learning methods and indicated learning was enhanced by interaction with other participants).**

Please provide the following information, which will allow a tentative schedule to be developed. You will be contacted to confirm your availability or remedy any scheduling conflicts. We will try to allow for personal preferences in scheduled times and days, but your flexibility will be appreciated.

Time needed for workshop presentation. (please "X" one)

1.5 hours

3 hours (in 2 parts – 1.5 hours each)

NOTE: Topics less than 1.5 hours will be considered for possible combination with related presentations.

Equipment needs for workshop presentation. Note- Internet access is the responsibility of the presenter, please make arrangements directly with the hotel's AV department. (please "X" all that apply)

Flip chart/markers

PC projector (to hook to *your* laptop)

TV/VCR

Other: _____

Target audience. (please "X" all that apply)

Administrators

Managers/Supervisors

Line worker/front line

Volunteers

Database Managers

Other: _____

Anyone

Target program. (please "X" all that apply)

Child Care

Crisis Line

Comprehensive I&R

Elder

Library

Military

Government

Other: _____

Name of person completing this form: _____

Signature: _____ **Date:** _____

DEADLINE: November 4, 2011

For additional information, please contact

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