



State and Local Government Benefits Association

*The premier organization for public sector
benefits professionals...*

2011 SALGBA National Conference

Call for Presentations

The 2011 SALGBA Annual Conference will be held May 1-4 in Ft. Lauderdale, FL. Please note that forms submitted that are not complete will not be considered.

Please type. (If your proposal includes more than one speaker please complete this section for the lead presenter and complete the section on the next page for additional speakers.)

Name: _____

Title(s): _____

Entity: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Work (____) _____ Cell (____) _____

Fax: (____) _____ Email: _____

Presentation Title: _____

- Have you given this presentation before? ____Yes ____No
If so, when and where? _____
 - Have you presented at a SALGBA conference before? ____Yes ____No
If yes, please provide date, location, and topic. _____
-

- Please check the timeframe that is most appropriate for your content.
 1 Hour 1 Hour 15 minutes 1 Hour 30 minutes
- Does the timeframe you checked allow for questions? Yes No
- Please check the type of session that is most appropriate for your content.
 General Session Breakout Session
- Have you presented to an audience of 75 or more attendees in the past two years?
 Yes No
- Please check the attendee experience level that is most appropriate for your content. (Beginners Level is 0-3 years, Intermediate Level is 4-6 years and Advanced is 7 or more years.) Beginners Intermediate Advanced

Briefly explain the relevance of your presentation content to this audience and profession.

Please list three concise learning objectives for your presentation. (For use in the conference brochure and other conference marketing material)

1.

2.

3.

Please list names, title(s), address, phone, cell, fax numbers, and email address for any co-presenter(s).

1.

2.

3.

Please indicate the time(s) and day(s) you are available with a "Y" and any time(s) or day(s) you absolutely can not make a presentation with an "N".

____ Monday ____ morning ____ afternoon
____ Tuesday ____ morning ____ afternoon
____ Wednesday ____ morning

Please list three references that can provide information regarding previous presentations. Please include name, title, address, phone number, and email address.

1. _____

2. _____

3. _____

Please attach a bio in paragraph format for each presenter. This must be included in order for your proposal to be considered.

Completed proposals should be submitted to:

**SALGBA
PO Box 867
Berea, KY 40403**

Direct questions to Tina Bowling, SALGBA Executive Director

Phone: 888-623-8676

Fax: (859) 623-8694

Email: tina.bowling@salgba.com