PRESENTATION PROPOSAL

Name of Presenter: _____

Phone - Daytime: _____ **Evening:** _____

Email address:_____

Fax: _____

Which month is preferable for you to deliver the presentation? Please circle.

First choice:	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE
Second Choice:	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE
Third Choice:	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE

PROPOSED PRESENTATION TITLE:

_____

Presentation Objectives and Detailed Description:
Please give the objectives and detailed description of the proposed presentation.
(use separate sheet if necessary)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Short Bio of Presenter: (including current job title)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Equipment:
Please list the equipment you will need and describe special seating arrangements.

_____

_____

_____

Support Needs:
Please describe support or seating arrangements required

_____

_____

_____

Please print, complete and mail to:
SIETAR Houston, 4031 Levonshire, Houston, TX 77025
ATTENTION: Program Chair
Or,
Go to www.sietarhouston.org click on *"Call for Proposals"* and send required information by email to **programs@sietarhouston.org**

We will confirm receipt of your proposal as soon as possible.
Thank you!