Aging with Attitude Regional Expo Presenter Information Form

Please complete this form by November 30th, 2018.
Contact Melissa Frantz at mfrantz@sekls.org if you have additional questions or presenter needs.

Presenters: Aging with Attitude Regional Expo- April 26, 2019 in Fort Scott, KS.

Please note that your presentation will be offered three times during each of the breakout session times as follows:
Session #1- 11:15 a.m. - 12:00
Session #2- 1:45 p.m. - 2:30
Session #3- 2:45 p.m. - 3:30

 **1. Presenter Contact Information**

* **Name** (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Professional Title** (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Address** (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **City/State** (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Zip Code** (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone** (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address** (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **2. Presentation Title and Description**

* **Title** (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Presentation/Session Description** (2)

 **3. Equipment Needs (Check all that apply).**

* Laptop Computer (1)
* LCD Projector (2)
* Projection Screen (3)
* Electrical Cord (4)
* Internet Connection (6)
* Additional Needs (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. You will receive a complementary lunch.  Do you plan to join us for lunch?**

* Yes (1)
* No (2)
* If yes, please list special dietary restrictions if needed (3)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. In addition to speaking, would you like to set up a free vendor booth at the resource fair?
Also, lunch for a co-worker for your vendor booth is available. Please indicate if an additional lunch is needed?**

* Yes, I want a FREE vendor booth (1)
* No, I do not want a booth. (2)
* Yes, I am requesting an additional lunch for a co-worker for my booth. (3)
* If additional lunch is requested, list dietary restrictions if needed. (4)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. If requested, a mileage stipend can be paid at the current state rate up to $50.00.**

* NO, I am not requesting mileage reimbursement. (1)
* YES, I am requesting mileage reimbursement. (2)
* If yes above, what is the round trip mileage? List below. (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have additional presenter needs, please contact:**

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 Iola, KS 66749***

***Email: mfrantz@sekls.org***