

## ATD Philadelphia Speaker Presentation Proposal

*Please complete this form for each presentation abstract submitted for consideration.*

Presenter Information			
Name		Title	
Organization		Website	
Best Phone		Email	
ATD Member, y/n?		Your years of HR/Training/OD experience	

About Your Presentation		
<b>Describe the optimum audience for your presentation by indicating all that apply below:</b>		
<b>Years of HRD Experience</b> <input checked="" type="checkbox"/> 0-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 10+ years	<b>Job Titles (Check All That Apply)</b> <input checked="" type="checkbox"/> Training Manager <input type="checkbox"/> O.D. Manager <input type="checkbox"/> Training Specialist <input type="checkbox"/> Internal Trainer <input type="checkbox"/> Internal Consultant <input type="checkbox"/> External Trainer <input type="checkbox"/> External Consultant <input type="checkbox"/> CLO, CMO _____	

Presentation Details	
<b>Title:</b>	
<i>Learning Objectives</i>	<i>Associated Participant Activities</i>

*To help us market your presentation effectively, please provide an introductory paragraph (250 words) describing the essential parts of your presentation.*

*Please provide a short (one paragraph) biography of yourself we can use when promoting your program. We will also use this information to introduce you the day of the event.*

Attach a picture (*.jpeg) we may use in marketing your presentation.	

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*Please list or describe below any special set-up requirements, technical/supply needs for your presentation, or dietary restrictions.*

**Which of the following ATD Foundational Competencies does your presentation address? Select all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Business Skills      | <input type="checkbox"/> Global Mindset      |
| <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Industry Knowledge  |
| <input type="checkbox"/> Personal Skills      | <input type="checkbox"/> Technology Literacy |

**Which of the ATD Areas of Excellence does your presentation address? Select all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Change Management            | <input type="checkbox"/> Evaluating Learning Impact |
| <input type="checkbox"/> Knowledge Management         | <input type="checkbox"/> Learning Technologies      |
| <input type="checkbox"/> Coaching                     | <input type="checkbox"/> Training Delivery          |
| <input type="checkbox"/> Integrated Talent Management | <input type="checkbox"/> Instructional Design       |
| <input type="checkbox"/> Managing Learning Programs   | <input type="checkbox"/> Performance Improvement    |

**Please provide two professional references who have seen you make a presentation within the last year and could discuss your ability with our chapter representative.**

Reference 1			
Name		Title	
Organization		Website	
Best Phone		Email	

Reference 2			
Name		Title	
Organization		Website	
Best Phone		Email	

**Thank you for your interest in presenting to our chapter! Please sign below to acknowledge your commitment to the ATD Greater Philadelphia chapter meeting. Once your information is received, we will reach out to schedule a call to discuss your proposal.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Sincerely,  
Greater Philadelphia Chapter of ATD

Please email your completed proposal to the ATD Greater Philadelphia Chapter VP Programs at [Programs@tdphl.org](mailto:Programs@tdphl.org).