



PRESENTATION APPLICATION FORM

FORM **MUST** BE SUBMITTED AT LEAST **60 DAYS PRIOR** TO EVENT START DATE

Instructions: Please complete all applicable parts of this form for your presentation request to be considered.
For questions, please contact Carrie Billy at (703) 838-0400 ext. 110 or cbilly@aihec.org

EVENT INFORMATION

IMPORTANT: Use Separate Form Per Event and Per Presentation.

Event Title: _____

Event Location: _____

Event Start Date: _____ Thru: _____ **Application Deadline:** _____

PRESENTER INFORMATION

Name of Presenter: _____ Application Date: _____

Title: _____

Organization/Institution: _____ Contact Phone: _____

E-mail Address: _____ Fax: _____

Mailing Address: _____

City, State, Zip: _____

Brief Biography/Background: _____

PRESENTATION INFORMATION

- Oral Presentation: *With handouts?* NO YES, sample attached
- PowerPoint Presentation: *With handouts?* NO YES, sample attached
- Are you marketing a product or service? NO YES, see statement in Presenter Agreement

Title of Presentation: _____ Total Time Length: _____
(not to exceed 30 min)

Summary/Abstract: _____

List Three (3) Presentation Goals/Objectives:

1) _____

2) _____

3) _____

<p>TARGET AUDIENCE:</p> <p><input type="checkbox"/> AIHEC (All Members)</p> <p><input type="checkbox"/> Finance & Audit Committee</p> <p><input type="checkbox"/> Membership & Accreditation Committee</p> <p><input type="checkbox"/> Research Committee</p> <p><input type="checkbox"/> STEM Committee</p> <p><input type="checkbox"/> Student Activities Committee</p> <p><input type="checkbox"/> TCJ Advisory Board</p>	<p>EQUIPMENT REQUIRED:</p> <p><input type="checkbox"/> Overhead Projector</p> <p><input type="checkbox"/> Slide Projector</p> <p><input type="checkbox"/> Windows Computer/Projector/PowerPoint</p> <p><input type="checkbox"/> Mac Computer/Projector/PowerPoint</p> <p><input type="checkbox"/> TV (with): <input type="checkbox"/> DVD <input type="checkbox"/> VCR</p> <p><input type="checkbox"/> Easel (provide your own poster presentation)</p> <p><input type="checkbox"/> Electrical Outlet</p>	<p><input type="checkbox"/> Other Computer Needs (specify): _____</p> <p><input type="checkbox"/> Other Presentation Needs (specify): _____</p> <p>_____</p> <p>_____</p>
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PRESENTER AGREEMENT

Please read and initial below to indicate your agreement with the following:

"As the submitting presenter for this application, I understand that if this application is accepted, all presenters and co-presenters are responsible for paying for their own expenses associated with the event specified above (including travel, accommodations, per diems, and printing handouts). I understand that this presentation proposal may be edited to fit the event program. I understand that AIHEC will provide audio-visual aids necessary for the main program of the event (to be specified upon approval of application). If additional aids are needed, the expense involved will be paid by the presenters prior to the event unless otherwise indicated in writing from AIHEC. Presenters will be notified approximately 4-6 weeks prior to the event if their application has been accepted." AIHEC does not accept applications for presentations from individuals wishing to contract or market services or products to tribal colleges.

Initial: _____ Date: _____

Please send application to AIHEC via:

- 1) Mail: 121 Oronoco Street, Alexandria, VA 22314
- 2) Fax: (703) 838-0388, attn: Alex Grandon
- 3) E-mail: agrandon@aihec.org

Feel free to attach any comments or further requests.
Thank you!