



APPLICATION TO PRESENT

AFP Banff Compass 2011 - Fundraising Conference www.banffcompass.ca

Banff Centre, Banff, Alberta: May 29- June 1, 2011

E-mail completed application, **by noon, Friday, October 15, 2011**, to program.banffcompass@gmail.com with the **Subject Line:** Application to Present

| APPLICANT INFORMATION | | | | | |
|--|-----------|---|-----------------|--|--|
| Title of Presentation | | <i>Please use a title that clearly describes the session content.</i> | | | |
| | | | | | |
| Presenter | Last Name | | First Name | | |
| Company Name (where applicable) | | | Address | | |
| City | | Prov./State | Postal Code/ZIP | | |
| Phone | | E-mail Address | | | |
| Professional Title | | | | AFP Member? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| First time Speaker? Please provide the name and e-mail for three references. | | | | | |
| | | | | | |
| Additional Presenter #1 | Last Name | | First Name | | |
| Company Name (where applicable) | | | Address | | |
| City | | Prov./State | Postal Code/ZIP | | |
| Phone | | E-mail Address | | | |
| Professional Title | | | | AFP Member? YES <input type="checkbox"/> NO <input type="checkbox"/> | |



| | | | | |
|--|--|----------------|--|--|
| Additional Presenter #2 | | Last Name | First Name | |
| Company Name (where applicable) | | | Address | |
| City | | Prov./State | Postal Code/ZIP | |
| Phone | | E-mail Address | | |
| Professional Title | | | AFP Member? Yes <input type="checkbox"/> NO <input type="checkbox"/> | |
| Identify a person to be the Team Leader | | | | |

ABSTRACT - Please provide a detailed overview of your submission. Limit 350 words.



SESSION DESCRIPTION - Please provide a concise, compelling description of your session. Please be sure to share appropriate methodologies and measurable results.

LEARNING OBJECTIVES - Please provide three learning objectives

- 1.
- 2.
- 3.

SESSION ATTRIBUTES & TECHNICAL REQUIREMENTS - Please check the box that best describes the track your session belongs in (track placement not guaranteed) & the A/V needs for your session

| | | | | | | |
|--------------------|---------------------------------------|--------------------------|---------------|---|-----------------|--------------------------|
| ATTRIBUTES: | Master Track <input type="checkbox"/> | | | Practitioner Track <input type="checkbox"/> | | |
| TECHNICAL: | Computer | <input type="checkbox"/> | LCD Projector | <input type="checkbox"/> | TV/DVD/VCR | <input type="checkbox"/> |
| | Overhead Projector | <input type="checkbox"/> | Flipchart(s) | <input type="checkbox"/> | Internet Access | <input type="checkbox"/> |

TARGET AUDIENCE – include experience level of attendees

METHOD OF FACILITATION – briefly describe the method of facilitation you will use for this session



PREVIOUS PRESENTATIONS – *please list previous conferences/workshops where you have presented this session, including date of presentation:*

BIOGRAPHY – *Please include a brief biography of each presenter for your session, you may attach a separate document or complete in the space provided below.*

DISCLAIMER AND SIGNATURE

I certify that contents of my presentation are owned by me and or other members of the presenting team. If the contents are not my original work, then appropriate attribution is made.

I give AFP permission to audio record my session, reproduce my handouts, post my handouts, or otherwise disseminate the information from my session to conference attendees.

I understand that there may be event photographers present during my session and I give AFP permission to use any photographs in future promotional materials.

I understand that presenting at AFP Banff Compass 2011 is NOT a platform for product or service sales and that my program will not consist of any sales pitches.

I understand that if selected, I will be given ten days to confirm participation.

Yes, I understand and agree.

No, I would like to discuss this further.

Signature

Date