|  |  |  |  |
| --- | --- | --- | --- |
| **Speaker Contact Information** | | | |
| Name and Title |  | | |
| Professional Certifications |  | | |
| Company |  | | |
| Email |  | | |
| Address |  | | |
| Daytime Phone Number |  | | |
| **Session Information** | | | |
| Session Title |  | | |
| Title Description |  | | |
| Key Elements or Additional Information to Consider |  | | |
| Level of presentation | \_\_\_ Basic | \_\_\_ Intermediate | \_\_\_Advanced |
| Provide availability limitations, special requirements or requests of any speaker (or co-speakers) |  | | |
| Speaker Bio - The bio should at a minimum include professional qualifications, subject matter expertise including speaking experience.  (Co-presenter should each complete a separate Presentation Proposal form) |  | | |
| Other – Provide any additional helpful information |  | | |
|  |  | | |
| Co-Speaker(s) Information |  | | |
| Name and Title |  | | |
| Professional Certifications |  | | |
| Company |  | | |
| Email |  | | |
| Address |  | | |
| Daytime Phone number(s) |  | | |
|  |  | | |
| Co-Speaker(s) Information |  | | |
| Name |  | | |
| Professional Certifications |  | | |
| Company and Title |  | | |
| Email |  | | |
| Address |  | | |
| Daytime Phone number(s) |  | | |
|  |  | | |

Please e-mail your completed Presentation Proposal form to [gcraig@paymentsfirst.org](mailto:gcraig@paymentsfirst.org) by 05/01/2019. Please include the bio for each proposed presenter on the form or a separate document, submitted with the form.

Thank you.