



### Presenter information:

Please enter details for you and **up to 3 additional** presenters/speakers/facilitators below.

<b>Presenter #1</b>	
<b>Name:</b>	
<b>Title:</b>	
<b>Organization /Employer:</b>	
<b>Address:</b>	
<b>Email Address:</b>	
<b>Presenter Bio: (150 words max)</b>	
<b>Presenter #2</b>	
<b>Name:</b>	
<b>Title:</b>	
<b>Organization /Employer:</b>	
<b>Address:</b>	
<b>Email Address:</b>	
<b>Presenter Bio: (150 words max)</b>	

<b>Presenter #3</b>	
<b>Name:</b>	
<b>Title:</b>	
<b>Organization /Employer:</b>	
<b>Address:</b>	
<b>Email Address:</b>	
<b>Presenter Bio: (150 words max)</b>	

Please use this space to tell us about your presentation and the people who will be doing the talking.

Will all listed presenters be part of the presentation? If not, who will be presenting?

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Have you (your group) done this presentation before?

If so where and who was the audience?

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If not, tell us about your experience with the presentation topic and how you are uniquely qualified to provide this presentation:

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Will the presentation be interactive?

*The room we have at the Donald Gordon Centre will be set up with round tables with a lectern; remember there will be a virtual audience as well.*

- Not applicable
- Lecture with Q & A

- Panel Session
- role play
- group work
- other *please explain* \_\_\_\_\_

Type of Session:

- How to: Practical session with steps on how to develop an imitative service
- Skills-based: Session that provides more enhanced skill development
- Theory/discussion-based: Session that dives deep into a topic
- Other *please explain* \_\_\_\_\_

Tech/audiovisual requirements: *a screen, LCD projector and connection with the in-room sound system will be provided.*

- embedded video(s)
- Music
- Other *please explain* \_\_\_\_\_

**Audience**

**Who is the main intended Audience** (*your presentation should be geared to one of the following*)

- Direct Support
- Middle Management
- Senior Management

**Ideal Presentation Length**

How long do you anticipate your presentation will take? Please make sure to include time for a Q & A period and any group activities.

\_\_\_\_\_

**Learning Outcomes**

Please provide 3 learning outcomes for your presentation so that the review committee can assess the benefit to those attending

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3.

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**Permissions:**

*If your presentation is selected, do we have your permission to:*

1. Include presenter names and the session description on our website, in promotional material and conference related publications?

Yes       No

*(Only the session title will appear on promotional material and the website if you select "No")*

2. Share a copy of your presentation slides with all paid participants?

Yes       No

3. **Recording:** Would you be willing to have your session recorded?

Yes       No

*Recordings, if done, would only be available to paid participants for a limited time after the event*

Is there anything else you want us to know?

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**Deadline for Submissions is June 30<sup>th</sup>, 2023**

Submit to OADD via email – [oadd@oadd.org](mailto:oadd@oadd.org)