Presenter Proposal

Date Submitted: Click here to enter a date.

We appreciate your interest in presenting to the members of Detroit ATD. Please complete this form and submit it with a copy of your resume or professional biography. This will help us evaluate and market your proposed event. Please note all selected speakers will be required to allow any presentations and handouts to be posted to our “members only” section of our website after the event.

|  |  |  |
| --- | --- | --- |
| **Presenter Information** |  | **Presentation Format** (Check one) |
| Name: \_\_\_ |  | **Monthly Program**  (75-minute Presentation) |
| Title: |  | **Special Event**  (Half-Day/Full-Day Presentation) |
| Organization: |  |  |
| Phone: |  |  |
| Email: |  |  |

The Mission of Detroit ATD is to promote the growth of workplace learning and performance by providing members with professional development opportunities, targeted services, and relevant events that impact business goals. Our members are training and development, human resource, and organizational development professionals.

Category Selection

The programs we select will typically fall into one of the nine competencies identified in the ATD CPLP® model as listed below. Please identify a presentation category.

(Check one)

Career Planning & Talent Management

Coaching

Designing Learning

Designing Training

Improving Performance

Managing Organizational Knowledge

Managing the Learning Function

Measuring & Evaluating

Organizational Change

Other:

Session Title**:**

Session Description

*A presentation summary for promoting the event and for members’ use in explaining to their organization the value of your program and garnering support for attending the event. If this is a Special Event presentation, please indicate the length of the presentation (i.e. 3-hours, 6-hours).*

Learning Objectives

*Please list three learning objectives that will describe what session participants may be able to do or take away from your presentation. Define specific skills or knowledge that may be gained.*



Presentation Mode

*Please describe the type of presentation (i.e. case study, simulation/game, or informational). Include resources used to support session information and engage the participants.*

Summary of Qualifications & Experience

*Please provide a brief overview of relevant experience for the specific topic you propose.*

Target Month/Availability to Present:

(Please Note.) *Monthly member meetings are typically dinner meetings held on the second Tuesday of the month.*

Presentation Requirements

*Please list the audio-visual requirements.*

(Check all that apply)

Hand-held microphone

Hands-free microphone

Projector and screen

Laptop

Audio speakers

Additional:

Compensation

*Please indicate your fee schedule for presenting to our non-profit organization.*

Speaker References

*Please list two people who have heard you speak and can describe your performance.*

Reference #1

|  |  |
| --- | --- |
| Name: | Organization: |
| Email: | Daytime Phone: |
| Name of Presentation Attended: | |

Reference #2

|  |  |
| --- | --- |
| Name: | Organization: |
| Email: | Daytime Phone: |
| Name of Presentation Attended: | |

The VP of Programs will acknowledge receipt of proposals within 10 business days. All proposals will be presented at an upcoming Detroit ATD Board of Directors’ monthly meeting. Presenters are selected based on the following criteria:

* Presenter Qualifications – years of experience, depth of experience
* Objectives – learning objectives aligned with ATD’s core competencies
* Delivery Method – reflects best practices to include participant-centered learning and  
  adult learning theory
* Resources and Materials – reflects thorough analysis of the latest research and  
  material available from recognized expertise

Thank you for your interest in presenting for the members of Detroit ATD!

Please submit this proposal and your resume or professional biography via email to:

[admin@detroitatd.org](mailto:admin@detroitatd.org)