

**Oklahoma AfterSchool Association
OKAA Presenter Proposal**

Office Use Only

Name _____ Date _____

Home Address _____ City _____ Zip _____

Home Email _____ Home Phone _____ Cell Phone _____

Business Name _____ Position/Title _____

Business Address _____ City _____ Zip _____

Business Email _____ Business Website _____ Business Phone _____ Business FAX _____

Co-Presenter Name (if applicable) _____ Co-Presenter Email (if applicable) _____

Expertise of presenter(s) (credentials/education/experience):

--

Title of presentation (as it will appear in program - may be edited for content/space):

--

Description of proposed presentation (as it will appear in program - may be edited for content/space):

--

Equipment needs (laptop, projector, etc.):*

--

Please indicate primary audience(s):

- School Age Teachers
- Program Directors
- Special Needs

Please indicate time preference*:

- Morning
- Afternoon
- No Preference

Additional comments:

--

**NOTE: If you are invited to present, every effort will be made to accommodate your requests. However, some requests may not be possible due to previously scheduled presenters and/or facility limitations.*



Oklahoma AfterSchool Association
P.O. Box 1465
Newcastle, OK 73065

Phone: (405) 316-8831
Web: www.okaaweb.org
Email: info@okaaweb.org