

# Presenter's Form

Presenter's Name: \_\_\_\_\_

Presenter's Title: \_\_\_\_\_

Presenter's Organization: \_\_\_\_\_

Presenter's Biography: Tell us a little about the presenter. What makes them unique or special? What will that bring to the Lakota Nations Education

Conference? \_\_\_\_\_

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\_\_\_\_\_

Is there a cost for this presentation and if so, has it been discussed with the coordinators and approved by them?

Yes, there is a cost for this presentation, and it was discussed and approved by \_\_\_\_\_.

No, there is no cost for this presentation.

Has the speaker presented this topic before? If so, when and where? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Co-Presenter's Information

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Session Content (Please describe the subject matter, target audience and your approach to making this an educational experience.) \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Session Title (not to exceed 50 characters)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will you engage the audience

- Hands-on activities
- Large-group discussion
- Small group discussion
- Q & A
- Other \_\_\_\_\_

Session Outcomes

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Please return this form to Terrie Jo Gibbons, 75 Sand Creek Rd, Buffalo Gap, SD 57722, or [terriejo@lakotationsconference.com](mailto:terriejo@lakotationsconference.com).