



Rhode Island's 24th Annual Statewide Self-Advocacy Conference  
 Thursday, October 31st, 2019 at the Crowne Plaza, Warwick RI



**PRESENTATION PROPOSAL FORM**

**GUIDELINES FOR PRESENTERS**

- *“Nothing About Without”* Your Presentation Team should include at least one member who has a developmental disability and can relate to the audience from the perspective of a Peer.
- *Any Questions?* Each breakout session is one hour from start to finish, and should include time for questions and answers. Ideally, this means preparing a presentation that runs for approximately 45-50 minutes, which will give you the opportunity to hear from your audience at the end.
- *That Was Easy!* Not everyone in your audience may read, write, or comprehend subject matter if it’s presented in a complex way, so it’s important to make the information you share accessible to people who have a variety of learning styles. Some of the ways you can do this include using a combination of pictures, video, music, games, skits, and simple language. Having a Peer Presenter on your team who can share from their own real life experiences, including past mistakes, lessons learned and stories of success, is also one of the most powerful and effective ways to connect with your audience and help get your message across.

Presenter Proposals Are Due on <b>FRIDAY, OCTOBER 18th</b> Please <u>USE BLACK INK AND PRINT CLEARLY</u> to complete this 2-page form		
NAME OF YOUR PRESENTATION:		
SELF-ADVOCACY GROUP OR OTHER AFFILIATION:		
LIST INFORMATION ABOUT THE CONTACT PERSON FOR YOUR PRESENTATION TEAM BELOW: This person needs access to an email address so we can connect with you about your presentation.		
NAME OF CONTACT:		
E-MAIL ADDRESS:		
PHONE NUMBER:	TEXT MSG NUMBER:	
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

<b>WHO IS ON YOUR TEAM OF PRESENTERS?</b> <i>(These people will be presenting at the conference if your proposal is accepted)</i>	
This is NOT a Registration Form! Presenters who also want to attend the Conference need to register. If your proposal is accepted, your team will receive a maximum of four (4) Conference Day Discounts to use when they register and pay only \$20 per person.	
NAMES OF PRESENTERS (USE EXTRA PAPER IF YOU HAVE MORE THAN 4 ON YOUR TEAM)	WILL REGISTER
NAME:	<input type="checkbox"/>
NAME:	<input type="checkbox"/>
NAME:	<input type="checkbox"/>
NAME:	<input type="checkbox"/>

### WHAT IS YOUR PRESENTATION ABOUT?

What are the highlights? What will people gain from being in the audience? There will be 6 different presentations during each breakout. Attendees need your simple and clear description to help them decide which one they should choose.

### PRESENTATION STYLE: MULTIMEDIA MATERIALS, INTERACTIVE ACTIVITIES, AUDIENCE PARTICIPATION AND MORE!

What type of presentation is this? Music, video, games, craft projects, PowerPoint slides, etc? We all have different learning styles and preferences. Some people aren't comfortable with a lot of noise. Others love a lot of audience participation and interaction. Please share some details so people can know what to and decide whether or not your session is for them.

### AUDIO VIDEO USE AND ROOM SET-UP

Each room will have a wired microphone and theater-style set up, with rows of chairs facing the presenter table in the front

>>Please check all of the equipment you will be using, and list the AV you're able to bring<<

LCD Projector       Screen       Speakers       Flipchart       Other:

AV you will bring:

Check to confirm theater-style set-up, or describe the set-up you need below:

### WHEN CAN YOU PRESENT? PLEASE CHECK ALL OF THE TIMES THAT YOU'RE TEAM IS AVAILABLE

11:00 AM - 12:00 PM       1:45 PM - 2:45 PM       3:00 PM - 4:00 PM

Visit [AdvocatesinAction.org](http://AdvocatesinAction.org) for conference news, registration materials and other updates

Contact Us if You Have Questions  
or Need Some Help with Your Proposal



PHONE:

1-877-532-5543



E-MAIL:

CONFERENCE@ADVOCATESINACTION.ORG



**REMINDER**  
Presentation Proposals are Due

>>>> **FRIDAY, OCTOBER 18TH** <<<<

MAIL OR E-MAIL PRESENTATION FORMS TO:

**ADVOCATES IN ACTION RI**

Box 41528 ♦ PROVIDENCE ♦ RI ♦ 02940

CONFERENCE@ADVOCATESINACTION.ORG