



Minnesota Association of County Probation Officers
 Attention: Michelle Nistler
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 www.macpo.net

MACPO SPEAKER PROPOSAL

Presenter Information (all fields are required)
This section is to be completed by the Primary presenter)

Name (first and last are required)		Accreditation (e.g. PH.D)	
Employer		Job Title	
Street Address		State	
City		Zip code	
Email address (and website address)			
Please provide at least one phone number	Work Phone	Home Phone	Cell Phone
Title of Presentation			
Description of Presentation			
Biography (limited to 100 words. This biography will be used in marketing materials)			
Please provide a high-quality portrait photo of yourself (if available) for use in marketing materials if your presentation is selected. Send your high-resolution JPG, TIF or PDF photo by email to michelle.nistler@co.cass.mn.us along with this agreement/contract.			

Please specify what audio/visual equipment you need for your presentation by checking each item that applies on the list below.

<input type="checkbox"/> LCD Projector (only; no PC or Internet hookup)	<input type="checkbox"/> Microphone (style)
<input type="checkbox"/> DVD Player	<input type="checkbox"/> Flipchart
<input type="checkbox"/> Podium	<input type="checkbox"/> Wireless Internet access
<input type="checkbox"/> Other	

****Please note: Presenters are required to bring their own laptop computers. If you are requesting other arrangements, please contact Michelle Nistler at michelle.nistler@co.cass.mn.us.***

Additional Notes:

If I am selected to present, I agree to provide training on the presentation detailed above to MACPO participants. I further agree that if I am selected to present:

<input type="checkbox"/> I will present free of cost.
<input type="checkbox"/> I have a flat rate of \$
<input type="checkbox"/> I have selected boxes below detailing my fees

* Fees of \$600 or more require a W-9 to be completed

If fee is other than a flat rate, estimate of expenses must be listed (i.e. airfare, baggage fees, meals, mileage, car rental, etc.). Expenses reimbursed at current IRC rates.

<input type="checkbox"/> For Stipend:
<input type="checkbox"/> For Speaker Fee:
<input type="checkbox"/> For Travel Expenses:
<input type="checkbox"/> For Mileage:
<input type="checkbox"/> Other:

Signature of Presenter

Date

Signature of Training and Education Chair/Vice Chair

Date

<i>Co - Presenter Information (all fields are required)</i>	
Name (first and last are required)	Accreditation (e.g. PH.D)
Employer	Job Title
Street Address	State
City	Zip code
Email address (and website address)	

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