

2012 NWA Nutrition & Breastfeeding Conference

Speaker/Session Planning Form

(Complete one worksheet per speaker)

Form Submitted By: _____

Date Submitted: _____

CONFERENCE DAY PREFERENCE FOR DATE AND TIME OF PRESENTATION: *(Preferred by Presenter)* No Preference

Indicate Session Preference: 1st, 2nd Or 3rd Choice Upon review of all sessions we will determine the final schedule with consideration of speakers' 1 st choice for date and time.	DAY 1 9/11	8:30am to 9:45am	11:00am to 12:30pm	2:00pm to 3:30pm	4:00pm to 5:30pm	DAY 2 9/12	8:00am to 9:30am	10:30am to 12:00pm	1:30pm to 3:00pm	3:30pm to 5:00pm	DAY 3 9/13	8:30am to 9:45am	10:15am to 11:30am
	OPENING KEYNOTE					PLENARY					NUTRITION TRACKS		
	NUTRITION TRACKS					NUTRITION TRACKS					BF TRACKS		
	BF TRACKS					BF TRACKS					CLOSING KEYNOTE		

POTENTIAL SPEAKER:

Speaker Name/Title	Organization/Agency	Address <i>(Include City, State, Zip)</i>	Contact Info <i>(Phone, Email, Facebook, Twitter)</i>	Session Title
			P: E: FB: TW:	

PROVIDE A SHORT DESCRIPTION/OVERVIEW OF THE SESSION:

Objective	Brief Content

SPEAKING FEES OR HONORARIUM *(Please include all speaking fees, honorarium and travel expenses needing to be covered)*

Fees/Honorarium: _____

Travel Expenses Required: **HOTEL:** Yes No (Number of nights: ____)

TRAVEL: Air Auto Other _____

Additional Comments: *(Let us know about flexibility)* _____

UPON COMPLETION, RETAIN A COPY BY USING 'SAVE AS' THEN SEND TO WICConferences@cdph.ca.gov AS AN EMAIL ATTACHMENT.