

# SPEAKER & TOPIC NOMINATION FORM

 <p>2011 AHTD Fall Meeting Wed., Oct. 12 - Sat. Oct. 15 Hilton Head, South Carolina</p>	<p><b>When:</b> <b>Where:</b></p>	<p><b><u>2011 Fall Meeting</u></b> Wednesday, October 12th - Saturday, October 15th, 2011 The Westin Hilton Head Resort &amp; Spa, Hilton Head, SC</p>
 <p>AHTD Spring 2012 Meeting Wed. April 11th - Sat. April 14th THE WESTIN LA PALOMA RESORT &amp; SPA</p>	<p><b>When:</b> <b>Where:</b></p>	<p><b><u>2012 Spring Meeting</u></b> Wednesday, April 11th, 2012 through Saturday, April 14th, 2012 The Westin La Paloma Resort &amp; Spa, Tucson, AZ</p>
 <p>AHTD Fall 2012 Meeting Wed. Oct. 14 - Sat. Oct. 20 Fairmont Le Chateau Frontenac Quebec, Canada</p>	<p><b>When:</b> <b>Where:</b></p>	<p><b><u>2012 Fall Meeting</u></b> Wednesday, October 17th, 2012 through Saturday, October 20th, 2012 Fairmont Le Chateau Frontenac, Québec City, Canada</p>

**1) Meeting (s) that you are available to participate in:**

- 2011 Fall meeting
- 2012 Spring Meeting
- 2012 Fall Meeting

**2) Title of nominated presentation, as you would like it to appear in promotional materials:**

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**3) Speaker Information (If additional speakers will co-present, please attach a separate sheet.)**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Company \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Website \_\_\_\_\_

**4) Descriptive paragraph of your presentation (as it will appear in the conference brochure):** \_\_\_\_\_

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**5) Presentation outcomes / goals:** \_\_\_\_\_

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**6) Audience best suited for your presentation:** \_\_\_\_\_

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**7) Please choose a category(s) which best suits your presentation topic (Check all that apply):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Achievement & Peak Performance | <input type="checkbox"/> Human Resources             | <input type="checkbox"/> Partnering            |
| <input type="checkbox"/> Change Management              | <input type="checkbox"/> Humor                       | <input type="checkbox"/> Personal Development  |
| <input type="checkbox"/> Communication                  | <input type="checkbox"/> Innovation                  | <input type="checkbox"/> Politics              |
| <input type="checkbox"/> Corporate Culture              | <input type="checkbox"/> International Business      | <input type="checkbox"/> Productivity          |
| <input type="checkbox"/> Creativity                     | <input type="checkbox"/> Internet / Social Media     | <input type="checkbox"/> Sales                 |
| <input type="checkbox"/> Customer Service / Loyalty     | <input type="checkbox"/> Law / Legal                 | <input type="checkbox"/> Science / Engineering |
| <input type="checkbox"/> E-commerce                     | <input type="checkbox"/> Leadership                  | <input type="checkbox"/> Security              |
| <input type="checkbox"/> Economic Outlook               | <input type="checkbox"/> Management                  | <input type="checkbox"/> Strategic Planning    |
| <input type="checkbox"/> Empowerment                    | <input type="checkbox"/> Marketing / Market Planning | <input type="checkbox"/> Success               |
| <input type="checkbox"/> Entrepreneurship               | <input type="checkbox"/> Motivation / Inspiration    | <input type="checkbox"/> Team Building         |
| <input type="checkbox"/> Finance / Tax                  | <input type="checkbox"/> Negotiation                 | <input type="checkbox"/> Technology            |
| <input type="checkbox"/> Futurists                      | <input type="checkbox"/> Networking                  | <input type="checkbox"/> Training              |
| <input type="checkbox"/> Globalization                  | <input type="checkbox"/> Overcoming Adversity        | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Green Business                 |  |  |

**8) This session would be best scheduled for a:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>Workshop / Breakout:</b><br>Program Length_____ | <input type="checkbox"/> <b>General Session</b><br>Program Length_____ | <input type="checkbox"/> <b>Pre/Post Course</b><br>Course Length_____ |
|---|--|---|

**9) References from past presentations:**

Date of Presentation \_\_\_\_\_ Event Name \_\_\_\_\_  
Event Contact \_\_\_\_\_ Contact Phone and Email \_\_\_\_\_

Date of Presentation \_\_\_\_\_ Event Name \_\_\_\_\_  
Event Contact \_\_\_\_\_ Contact Phone and Email \_\_\_\_\_

**10) Speaking Fee:** \_\_\_\_\_ **Special Travel Accommodations:** \_\_\_\_\_

**11) Presentation Needs (Audio Visual / Technology, or other):** \_\_\_\_\_

**12) Email [bryan.roessler@ahtd.org](mailto:bryan.roessler@ahtd.org) video links of past presentations, speaker (s) bio, and speaker picture (s).**

**13) I was referred by (if applicable):** \_\_\_\_\_

**14) Submit Form To:**

**Bryan Roessler | Executive Director | Association for High Technology Distribution**  
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