

LOUISIANA GOVERNOR'S

SAFETY HEALTH CONFERENCE

SEPTEMBER 28-29, 2011 | BATON ROUGE, LOUISIANA

CALL FOR PRESENTATIONS

YOUR SUBMISSION WILL BE SELECTED AND REVIEWED BY THE CONFERENCE PLANNING COMMITTEE. YOU WILL BE CONTACTED AS THE PROCESS PROCEEDS. *IF SELECTED PRESENTATIONS ARE DUE MONDAY, MARCH 21, 2011.

A. MAIN SPEAKER'S DETAILS

Name: _____ Company: _____
Title/Position: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Company Website: _____

B. CO-PRESENTER'S DETAILS (LEAVE BLANK IF ONLY ONE PRESENTER)

Name: _____ Company: _____
Title/Position: _____
Address (if different from above): _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Company Website: _____

C. PRESENTATION DETAILS

Presentation Title & Tagline: _____
Presentation Abstract
(400 words or less, may be edited and used for promotional purposes.)

Personal Biography

(300 words or less)

About the Company

(Please provide a brief description of your company)

References & Professional Endorsements

Please provide (if possible) any references to you and/or your organization

Preference	Primary	Secondary
Workshop Presentation	<input type="checkbox"/> No Preference <input type="checkbox"/> Day One Morning <input type="checkbox"/> Day One Mid-day <input type="checkbox"/> Day One Afternoon <input type="checkbox"/> Day Two Morning <input type="checkbox"/> Day Two Mid-day <input type="checkbox"/> Day Two Afternoon	<input type="checkbox"/> No Preference <input type="checkbox"/> Day One Morning <input type="checkbox"/> Day One Mid-day <input type="checkbox"/> Day One Afternoon <input type="checkbox"/> Day Two Morning <input type="checkbox"/> Day Two Mid-day <input type="checkbox"/> Day Two Afternoon
Workshop Repeat	<input type="checkbox"/> No Preference <input type="checkbox"/> Same Day <input type="checkbox"/> Next Day <input type="checkbox"/> No repeat	

Audio Visual Needs:

Each room will be equipped with a microphone, a projector and an overhead screen. Please indicate any additional AV items you will require.

- Dry Erase Board and Markers
- DVD
- Flip Charts and Markers
- Microphone (Additional hand held)
- Table (8 ft.)

Complete the "Louisiana Governor's Safety & Health Conference Presentation Submission" form. **Send completed forms electronically or through the mail to:**

Electronic Submission:

Renee Barbier
Rbarbier@safetylca.org

Mailing Address:

Renee Barbier/ LGS HC
Safety Council, LCA
8180 Siegen Lane
Baton Rouge, LA 70810