



## ACE CONFERENCE

Community Living Campbellford/Brighton  
65 Bridge St E, Campbellford, ON K0L 1L0  
Tel: (705)653-1821 Fax: (705)653-5738

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### Call for Presenters

The ACE Committee invites you to present at our conference October 18-19, 2012.

The deadline for applications is **March 30, 2012** and the notification date is **May 30, 2012**. Please complete all parts of the form and mail, email, or fax to the following address.

ACE c/o Community Living Campbellford/Brighton  
65 Bridge St E PO Box 1360  
Campbellford, ON K0L 1L0  
admin@communitylivingcampbellford.com  
Fax: (705)653-5738

#### PRESENTER INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Telephone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

Email Address: \_\_\_\_\_

Presenters Background: *(please add a brief bio in an attachment)*

Name(s) of Co-Presenters: \_\_\_\_\_

Fee/Payment Request: \_\_\_\_\_

*(subject to review and approval by ACE Committee)*

**OR** check  one of the other options below:

≠ By contract agreement \_\_\_\_\_

≠ I do not require any remuneration \_\_\_\_\_

**PLEASE NOTE:** The approved payment request will be payable to the applicant (primary presenter) only.



LET US SHOW YOU WHAT WE CAN DO!

**Presentation Information**

Title of Session: \_\_\_\_\_

Focus of Presentation: \_\_\_\_\_

Description of Presentation: ***please add attachment***

Preferred Time: (Please check  desired presentation time)

Thursday, October 18/12

Friday, October 19/12

AM Session \_\_\_\_\_

AM Session \_\_\_\_\_

PM Session \_\_\_\_\_

**Please circle one or both audiences you will be presenting to;**

Self Advocate Session

Staff Session

Both Audiences

Audio/Visual Requirements: (Please check  all required equipment)

Laptop and screen for PowerPoint \_\_\_\_\_

CD Player \_\_\_\_\_

VCR/DVD/TV \_\_\_\_\_

White Board & Markers \_\_\_\_\_

Flip Chart & Markers \_\_\_\_\_

Other requirements \_\_\_\_\_

Accommodation/Travel Requirements: **(Applicable ONLY to out of town presenters)**

# of Occupancy \_\_\_\_\_

Ground Travel: (Round trip – specify kms) \_\_\_\_\_

\_\_\_\_\_

Signature of Presenter

\_\_\_\_\_

Date