**Carolinas Cash Adventure 2024 CALL FOR SPEAKERS**

|  |  |  |  |
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| 1. | **PROPOSED TITLE** |   |  |
| 2. | **SESSION LEVEL**  | *(Expected audience experience or expertise with subject matter:* ***Novice****,* ***Intermediate*** *or* ***Advanced****?)* |  |
| 3. | **SUMMARY OF****SESSION TOPIC** |  |  |
| 4. | **DESCRIPTION OF SESSION TOPIC AND CONTENT (75 WORDS MAX)** |  |
|  | If your proposal is selected, the description in this section will be used for pre-conference publicity and the conference program booklet. Please be clear and concise with your session description. |  |
|  |  |
| 5. | **SESSION OUTCOMES-**  |
|  | Describe, in one to three sentences or bullets, what participants will learn in this session. Describe the type of audience that would be interested in this presentation. |
|  | LEARNING OBJECTIVE (S) |  |
|  | PRIMARY AUDIENCE |  Treasury and finance professionals |
| 6.a. | **PRESENTER INFORMATION (It is recommended that each session slot contain no more than 2 members from the session sponsor and highly encouraged to have clients or practitioners)** |
|  | NAME |  |
|  | DESIGNATIONS |  |
|  | TITLE |  |
|  | COMPANY NAME |  |
|  | ADDRESS |  |
|  | CITY, STATE, ZIP |  |
|  | PHONE |  |
|  | EMAIL ADDRESS |  |
|  | A biography must be submitted for each presenter. If the presentation is selected, the biography submitted will be used at the conference. One can be attached if preferred. |

|  |  |  |
| --- | --- | --- |
|  | BIO (500 WORD MAX) |  |
| 6.b. | **CO-PRESENTER INFORMATION (It is recommended that each session slot contain no more than 2 members from the session sponsor and highly encouraged to have clients or practitioners)** |
|  | NAME |  |
|  | DESIGNATIONS |  |
|  | TITLE |  |
|  | COMPANY NAME |  |
|  | ADDRESS |  |
|  | CITY, STATE, ZIP |  |
|  | PHONE |  |
|  | EMAIL ADDRESS |  |
|  | A biography must be submitted for each presenter. If the presentation is selected, the biography submitted will be used at the conference. |
|  | BIO (500 WORD MAX) |  |
| 6.c. | **CO-PRESENTER INFORMATION (It is recommended that each session slot contain no more than 2 members from the session sponsor and highly encouraged to have clients or practitioners)** |
|  | NAME |  |
|  | DESIGNATIONS |  |
|  | TITLE |  |
|  | COMPANY NAME |  |
|  | ADDRESS |  |
|  | CITY, STATE, ZIP |  |
|  | PHONE |  |
|  | EMAIL ADDRESS |  |

|  |  |
| --- | --- |
|  | A biography must be submitted for each presenter. If the presentation is selected, the biography submitted will be used at the conference.  |
|  | BIO (500 WORD MAX) |  |
| 7. | **NUMBER OF PRESENTERS** |  |
|  | I have notified my co-presenter that I am submitting this proposal |
| 8. | **NOTIFIED CO-PRESENTER (S)** |  |
| 9. | **PRESENTATION DEADLINES** |
|  | **PDF Deadline** |  |
|  | **Do you agree that PDF can be posted on CCA website?** |  |
|  | **PowerPoint Presentation** |  |
| 10. | **SUBMITTER DETAILS** |
|  | **Submitter’s Email Address** |  |
|  | **Submitter’s Phone** |  |
| 11. | **PROGRAM CONTACTS (Return form to the below)** |
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