

2020 GATEWAY FARM EXPO

Speaker Proposal



Company Information

Company Name		Contact	
Billing Address		Phone Number	
City	State	Zip Code	
Name(s) of Speaker(s)			

Presentation

Presentation Title			
Topic Outline			
Will you have handouts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What equipment or other resources will you require?			
<input type="checkbox"/> Laptop	<input type="checkbox"/> Digital Projector	<input type="checkbox"/> Wireless network/internet	<input type="checkbox"/> Screen
<input type="checkbox"/> Marker Board	<input type="checkbox"/> None	<input type="checkbox"/> Other _____	
Please mark your top 2 session choices			
<input type="checkbox"/> 9:30AM Wednesday	<input type="checkbox"/> 10:30AM Wednesday	<input type="checkbox"/> 2:00PM Wednesday	<input type="checkbox"/> 3:00PM Wednesday
<input type="checkbox"/> 9:30AM Thursday	<input type="checkbox"/> 10:30AM Thursday	2:00PM Thursday	2:00PM Thursday

Any Additional Information
