



22nd Annual National Association of Psychometrists Conference
 Waltham, MA (near Boston) ~ October 27 & 28, 2017
*Neurodegenerative Disorders: Neuropsychological Assessment and
 Practice Matters Related to the Work of Psychometry*

2017 NAP Conference Speaker Application

Thank you for your interest in speaking at the National Association of Psychometrists annual conference. An electronic version of this form is available at www.napnet.org.

Tell us about your presentation

Title of Presentation: _____

Abstract/Outline of your presentation (attach separate page if needed):

Length of Presentation (please allow 15 minutes for audience questions):

- 60 min. 90 min. 120 min. Other: _____

Presentation needs or requirements

Every effort is made to accommodate speaker preferences in terms of when they're scheduled to present. If you would be prevented from speaking due to a schedule conflict, please indicate your availability below. You may make multiple selections.

Audio/Visual is set up on site in advance of conference. We kindly request a final version of your presentation be shared in advance. This allows us to make available to attendees an electronic copy. In addition, it expedites the set up process and reduces wait time between speakers. Should you be unable to send a finalized version in advance, we can upload it from a thumb drive immediately beforehand. A projector, screen, microphone, podium, and a laptop will be available. Please indicate below if you require additional materials for your presentation (i.e. presentation board, TV, etc.)

- Availability:** Friday late morning Friday afternoon Saturday morning Saturday afternoon
 I have no scheduling conflicts and would be available any time Friday or Saturday.

Audio/Visual Needs? _____



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Tell us about the presenter(s)

Presenter 1

First and last name, Education, Credentials: _____

Job Title and Organizational Affiliation: _____

Mailing Address: _____

Phone Number (Cell phone preferred): _____

Email Address: _____

Presenter 2 (if applicable)

First and last name, Education, Credentials: _____

Job Title and Organizational Affiliation: _____

Mailing Address: _____

Phone Number (Cell phone preferred): _____

Email Address: _____

Email completed form, along with a bio and professional head shot, to lbwhisler@gmail.com.

INTERNAL USE ONLY

CEU granted for presentation? Yes No

Amount CEU given: _____

No, Reason why:

