



**25<sup>th</sup> Annual National Association of Psychometrists Conference**  
The Duniway Portland  
Portland, Oregon June 11 – 12, 2021

This form can be completed electronically at [www.napnet.org](http://www.napnet.org), located under the Conference Tab.  
Direct Link to Form: [2021 NAP Conference Speaker Application](#)  
Alternatively, email completed form to [heathermcmanemy@gmail.com](mailto:heathermcmanemy@gmail.com).  
**DEADLINE FOR SUBMISSION: MARCH 15, 2021**

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: \_\_\_\_\_

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 an electronic copy available to attendees. 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.)

Audio/Visual Needs? \_\_\_\_\_



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**Availability**

- Friday late morning
- Friday afternoon
- Saturday morning
- Saturday afternoon
- I have no scheduling conflicts and would be available anytime Friday or Saturday.

Name of Presenter 1: \_\_\_\_\_

Job Title and Organizational Affiliation: \_\_\_\_\_

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

Phone Number (Cell phone preferred): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Presenter 2 (if applicable): \_\_\_\_\_

Job Title and Organizational Affiliation: \_\_\_\_\_

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

Phone Number (Cell phone preferred): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

<b><u>INTERNAL USE ONLY</u></b>	
CEU granted for presentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount CEU given:
_____	
No, Reason why:	
_____	