



## 2<sup>nd</sup> Bi-Annual Summit on Aging, Independence and Culture

### Presenter Application Form

April 30, 2014 (8:30 a.m. to 5:00 p.m.)  
and May 1, 2014 (8:30 a.m. to 3:00 p.m.)

**Name of Presenter/Co-Presenters:** \_\_\_\_\_

**Agency/Affiliation:** \_\_\_\_\_

**Title(s) (if applicable):** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

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

\*\*Do you plan to attend the entire Summit on Aging, Independence and Culture? \_\_\_\_\_  
If so, the charge for the two day conference is \$150 to cover the cost of food for your attendance.  
(Please enclose a check made out to: WNY Independent Living, inc.)

**Presentation Title** (15 words maximum):  
\_\_\_\_\_

**Level of expertise of audience:** Please identify which of the following levels of audience.

- Introductory (little or no knowledge of the topic)
- Experienced (some experience or knowledge)
- Advanced (more complex and/or technical)

**Session summary** (50 words maximum): This 1- 4 sentence summary will be printed in the conference program.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Abstract** (250 words maximum): Please be as concise as possible and clearly describe:

Presentation topic/focus, Learning objectives, Outline of presentation content  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**2<sup>nd</sup> Bi-Annual Summit on Aging, Independence and Culture**  
**Presenter Application Form (cont.)**

**Additional Information:**

**1. Please provide the following additional information for the selection process**

Describe the purpose and nature of your proposed session. Be specific about how you will lead the session, including what topics will be covered?

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**2. Why are you the best person to conduct this proposed session? Describe your history, involvement and/or experience in aging and independence and why you think you would be a qualified presenter or facilitator:**

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**3. Describe how your session will be interactive. How will you engage participants so that they will be active participants in the session?**

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**4. Do you plan to bring equipment? \_\_\_\_\_ If so, do you need electricity? \_\_\_\_\_**  
**Do you plan to bring handouts? \_\_\_\_\_**

If so, please let us know if you plan to distribute printed materials. Materials may not be distributed if they are not also available in accessible formats. Guidelines for accessible formats will be included in the information sent to each presenter. Materials must be sent electronically to provide accessible formats if requested by people with disabilities.

**\*\*Due by February 14, 2013.**

**Mail to:** WNY Independent Living, Inc. 3108 Main St. Buffalo New York 14214 Attn: Yvette Lucas  
– Summit on Aging