

Website: www.DeafWomenCanada.ca E-mail: dwc@deafwomencanada.ca

Mailing address: Canadian Deaf Women's Conference 2007 141-6200 McKay Avenue Burnaby, BC V5H 4M9 Canada

## "CALL FOR PRESENTERS" FORM

Last Name	e First Name		Initials		
Last Name and	I First Name (2 <sup>nd</sup> presenter,	if applicable)			
Mailing Addres	S				
City		Province		Postal Code	
() Telephone Nun	nber	(	Fax Number		
Email					
□ Deaf	$\square$ Hard of Hearing	☐ Deaf-blind	☐ Hearing	☐ Hearing ASL user	
	or speakers interested in shari sionals or anyone interested in			The invitation is extended to any	type
Opportun Seniors/A Financial/ Health, M (i.e. cance Domestic		Minority Rights, Youth repreneurship (business), P. & Leisure, How to deal with stroke) ostance Abuse	overty	n, History, Equal Employment	

of

Please note that the presentation is 60 minutes in length and followed by a question period of 10 minutes.

The criteria for submitting your application are the following:

- The name of the presenter(s);
- The title of the presentation;
- A resume on one double-spaced page, in 12 point (Times New Roman only) font
- It can be sent in either English or French;
- Specify which language (ASL, LSQ, French or English) and which theme your presentation fit into.
- Submit a 5 to 10 minutes videotaped summary or a 1 2 page abstract of your presentation.

Selected (chosen) candidates will be required to submit a:

- 250 words biography with a picture
- The presentation must be in PowerPoint format
- Handouts are to be distributed at the presentation
- Accepted presenters will also receive a free combo registration package.

Please note: travel & accommodation are not included. To book your accommodation, please contact: <a href="mailto:conferences@housing.ubc.ca">conferences@housing.ubc.ca</a>

The deadline for receiving applications is <u>April 30, 2007</u>. Please send your application to:

Canadian Deaf Women's Conference 2007
Box 563
141 – 6200 McKay Avenue
Burnaby, BC, V5H 4M9
Canada