



autism society of minnesota

Presenter Sign-up Form

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Presentation Information

Please check which kind of presentation you are interested in:

- Skillshop (class size ranges from 6 to 30 people)
- Break-out session at Minnesota State Autism Conference
- Other Please List: _____

Please give a brief description of the topic you would like to present on:

Please give a brief description of your qualifications and expertise, which could include having a child with autism spectrum disorder:

For office use only:

Contacted		Added		Notified	
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