**Proposal for Demo Room Presentation**

*(No more than two demos per company)*

Deadline for Submission: **April 1, 2020**

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| Presentation Title: |
| Company Name: |
| Mailing Address: |
| Primary Presenter’s Name: |
| Title: |
| Email: |
| Phone Numbers: Work: | Cell: |

**Additional Presenters:**

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| --- |
| Presentation Title: |
| Company Name: |
| Mailing Address: |
| Presenter’s Name: |
| Title: |
| Email: |
| Phone Numbers: Work: | Cell: |

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| --- |
| Description of product or service: |
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| ABSTRACT  Short description of your proposed presentation to be included in the *Program and Exhibit Guide (Maximum 75 words.)* |
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| OTHER: Any information that you would like to include that is not addressed on this form please provide below: |
|  |

Please check off two (2) choices for day and time of your presentation, in order of preference 1 or 2:

|  |  |  |  |
| --- | --- | --- | --- |
| **Preference** | **Day** | **Preference** | **Time** |
|  | Thursday |  | Morning |
|  | Friday |  | Midday |
|  | Saturday |  | Afternoon |

**AGREEMENT**

By submitting this proposal, I am agreeing to:

* If approved, present my product/service demonstration, at the HLAA2020 Convention;
* Make payment within 30 days of proposal acceptance; (each 60-minute presentation is $500) and includes computer assisted realtime transcription (CART), CART provider, and presentation screen;
* Notify [convention@hearingloss.org](mailto:convention@hearingloss.org) of any changes in title, description, presenter, etc. by April 24, 2020; information on file as of April 24 will appear in the Convention *Program & Exhibit Guide.*

Initials: \_\_\_\_\_\_\_\_\_\_\_\_