**Please note: Your abstract must be submitted using this form. ALL sections should be completed.**

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| --- | --- |
| Presentation Title |  |
| Presentation Description (2 – 4 sentences) |  |
| Learning Objective (3 required to offer CEU’s for attendees) |  |
| Presentation Date & Time Preference: (Monday, Tuesday, Morning/Afternoon, No preference) | □ Monday □ Morning □ Tuesday □ Afternoon □ No preference  |
| Speaker Name (Please provide all information for all speakers presenting) | Name: Title: Employer: Address:City, State, Zip: Phone Number: Email Address:  |
| Speaker(s) Fun Fact**Please list one for each speaker.*****Examples: I have visited all 50 states, The last show I binge-watched was…, I know all the words to…,, My favorite food is…*** |   |
| Audio Visual NeedsPlease check all that applyA laptop and projector are provided. | □ Wi fi □ Speakers for sound Is there a video in the presentation? □ Yes □ NoIf using PowerPoint, list version:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Attendance Please provide for each speaker | ***Speaker Policy: Speakers will receive conference registration for the day of their presentation. If you wish to attend the other day of the conference, the fee is $150.*** □ Day of presentation □ Session only (Register at <https://colorado.apwa.org/>) Registration available in July |
| AbstractNot to exceed 400 words |  |

**Please return this form to Pamela Weimer, APWA Colorado Chapter Administrator, at** **bdweimer@msn.com****. Submittal deadline: May 1, 2025. You will receive a confirmation email.**