

Conference Educational Session Submission Form



SESSION CONTACT INFORMATION

Name _____

Title _____

Organization _____

Phone _____ Email _____

Are you a Nonprofit Federation Member DMA Member Corporate Partner Other

SESSION INFORMATION

Presentation channel and topic/category (check all that apply):

Channel:

- Direct Mail Digital Telemarketing Social Media
 DRTV/Radio Multi-channel Emerging Channels

Topic:

- Acquisition Retention/Cultivation Monthly Giving Midlevel Giving Planned Giving
 Lapsed Reactivation Creative Strategy Production Testing Analytics/Modeling
 Channel Integration Research/Government Affairs/Strategic Planning Other _____

Format (choose one):

- Case studies — MUST include sharing of results Discussion panel
 Educational lecture — MUST include instructional handouts Interactive nonprofit-only roundtable discussion
 Other: _____

Title of session: _____

Brief description:

Intended audience: _____

Session objectives:

SPEAKERS & MODERATOR INFORMATION

SPEAKER 1

Name _____ Title _____
Organization _____ Email _____

SPEAKER 2

Name _____ Title _____
Organization _____ Email _____

SPEAKER 3

Name _____ Title _____
Organization _____ Email _____

SPEAKER 4

Name _____ Title _____
Organization _____ Email _____

SPEAKER 5

Name _____ Title _____
Organization _____ Email _____

MODERATOR

Name _____ Title _____
Organization _____ Email _____

SESSION GUIDELINES

Submission of a program **DOES NOT** guarantee acceptance — sessions will be added to a database archive.

Sessions may not contain direct sales “pitch” information.

Industry suppliers/agencies/vendors may invite current client/customers as co-presenters.

Sessions must include nonprofits who are not clients.

Commercial (for profit/“Partners”) are required to pay a speaker registration fee if the session is selected.

SUBMIT COMPLETED FORM TO

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