*As you’re planning your Learning Solutions 2019 proposal, feel free to use this document to work on the draft of your responses. When you’ve finalized your proposal content, paste your answers into the official survey and then save this file for your records.*

*If you have any questions prior to submitting do not hesitate to reach out to us by emailing* [programs@elearningguild.com](mailto:programs@elearningguild.com?subject=2018%20DevLearn%20Question)

*\*An asterisk denotes a required question in the survey*

## Session Title and Type

#### Please select the type of session for this proposal.\*

BYOD stands for Bring your Own Device. These proposals should be for hands-on sessions/workshops requiring laptops and/or mobile devices.

* Concurrent/Stage Session (1 hour/45 minutes)
* BYOD Concurrent Session (1 hour)
* One-day Workshop
* BYOD One-day Workshop

### If you indicated your session is a Bring Your Own Device (BYOD): Please describe which devices the participants will need to bring, and how they will use them in your session. *(Word count 50-100)*

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### What is the suggested title for your session?\*

It’s helpful to have a title that’s clear about what your topic is. *(Max character count 75)*

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#### What topic(s) best describe the theme(s) of your proposal?\*

(Choose up to three)

* AR
* Data/Measurement
* Ecosystem
* Games/Gamification
* Instructional Design
* Introduction to Instructional Design
* Learning Platforms (LMS, LRS, ESN, etc.)
* Management/Strategy
* Mobile
* Performance Support
* Tools
* Video/Media
* Virtual Classroom
* VR

## Main Focus

#### Of the topics you selected previously, which would you say is the main focus of the session? (Choose one (1) main focus from last question).

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## Session Description Remember! Conference attendees will be relying on the info you provide here to determine if they want to attend your session, so be descriptive! Be sure to write with the attendee in mind, such as using sentences starting with phrases like “You will...”

### Describe the challenge or problem that this session addresses:\*

Your answer here should paint a picture of the issue your session is addressing.   
(Max word count 125)

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### Describe how the session will address this challenge or problem:\*

Address the attendee by focusing on sentences starting with phrases such as **"In this session you will... learn, explore, create, etc."** which captures the attendee-focused narrative desired in our session descriptions.   
(Max word count 125)

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#### List the specific attendee takeaways. This is also your opportunity to expand upon any strategies, techniques, and/or skills you touched on in the previous two questions. ****Complete the sentence****, "In this session, you will learn:"\*

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### List the technologies/platforms/devices that you ****will demonstrate or discuss**** in your session. NOTE: Do NOT list your A/V requirements

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### ANSWER ONLY IF PROPOSING A BYOD SESSION: What technology/software/hardware (if any) do attendees need to bring/load for your BYOD session or BYOD workshop?\* *(Max character count 1000)*

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#### Target Audience (select all that apply):\*

* Designers
* Developers
* Managers
* Senior Leaders (Directors, VP, CLO, Executive, etc.)
* Other

### ANSWER ONLY IF PROPOSING A WORKSHOP: ****Prerequisite Audience Knowledge:**** What knowledge or skills (if any) should attendees have to get the most from your workshop?\* *(Max character count 1000)*

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### ANSWER ONLY IF PROPOSING A WORKSHOP: How will your workshop go beyond the scope of a one hour concurrent session and use the full day?\*

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### What other events have you given or proposed this presentation for?\*

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## Availability

#### ****Date Conflicts:**** Indicate any days you would ****NOT**** be available to present at this event.

* Sunday, March 24 (Pre-conference day 1)
* Monday, March 25 (Pre-conference day 2)
* Tuesday, March 26 (Main conference day 1)
* Wednesday, March 27 (Main conference day 2)
* Thursday, March 28 (Main conference day 3)

## Primary Presenter Information

### Demographic Information\*

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| **Salutation** | * Ms. * Mrs. * Miss * Mr. | * Dr. * Mx. * Other – write in |
| **Name (First, Last)** |  | |
| **Job Title** |  | |
| **Company Name** |  | |
| **Office Phone Number** |  | |
| **Cell Phone Number** |  | |
| **Email Address** |  | |
| **Street Address** |  | |
| **Apt/Suite/Office** |  | |
| **City/State/Zip** |  | |
| **Country** |  | |
| **Which pronouns do you use when referring to yourself?** | * She/Her * He/Him | * They/Them * Other – Write in |

### ****Bio:**** This bio should highlight career or educational experiences, awards, etc. Do not describe your organization's products or services. (No more than ****100**** words.) NOTE: If you have spoken at eLearning Guild events in the past and your bio has not changed, you may enter ON FILE in this space.\* *(Max word count 100)*

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#### Will there be a co-presenter for this session?\*

* Yes
* No

## Co-Presenter Information

### Co-Presenter Demographic Information

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| **Salutation** | * Ms. * Mrs. * Miss * Mr. | * Dr. * Mx. * Other – write in |
| **Name (First, Last)** |  | |
| **Job Title** |  | |
| **Company Name** |  | |
| **Office Phone Number** |  | |
| **Cell Phone Number** |  | |
| **Email Address** |  | |
| **Street Address** |  | |
| **Apt/Suite/Office** |  | |
| **City/State/Zip** |  | |
| **Country** |  | |
| **Which pronouns does your co-presenter use when referring to themselves?** | * She/Her * He/Him | * They/Them * Other – Write in |

### Co-Presenter ****Bio:**** This bio should highlight career or educational experiences, awards, etc. Do not describe the co-presenter's organization's products or services. (No more than ****100**** words) NOTE: If the co-presenter has spoken at eLearning Guild events in the past and their bio has not changed, you may enter ON FILE in this space.\* *(Max word count 1000)*

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#### Is this proposal being submitted by a third-party?\*

* Yes
* No

## Third Party Details (if needed)

### Note: If this proposal is being submitted by someone other than the speaker(s), please put submitter’s name, email, phone, and relation to speaker(s) in this section. You must provide contact info for the speaker(s) so we can contact the speaker(s) directly to discuss the proposal content.

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| --- | --- |
| **Name (First, Last)** |  |
| **Job Title** |  |
| **Company Name** |  |
| **Relationship to the speaker(s)** |  |
| **Primary phone** |  |
| **Other phone** |  |
| **Email** |  |