



# Call for Presenters Form

## 14<sup>th</sup> Annual Women's Conference and Expo

### March 20, 2026

#### South Suburban College

PLEASE complete the information below to be considered as a presenter at the Women's Conference and Expo. Form is due no later than **Friday, Dec 1, 2025**. Sessions are 45 minutes in length. You will be notified the 2<sup>nd</sup> week of January if your proposal has been accepted. Registration fees will be waived for presenters.

**PRESENTER INFORMATION: Please print. Thorough, accurate and legible information is essential!**

<b>INFORMATION REQUESTED</b>	(Please copy this portion of the form if there are additional presenters)
TITLE (circle your choice)	Dr.      Mr.      Mrs.      Ms.      Miss.
FULL NAME (for correspondence)	
NAME TAG NAME (if different)	
Organization name	
Correspondence Address (street, city, state, zip)	
Work Phone	(    ) _ _ _ - _ _ _ _      Ext. _ _ _ _
Work Fax	( _ _ _ ) _ _ _ - _ _ _ _
Home Phone (for emergencies)	
Email Address	

**Availability** (check all that apply) 9:15 am \_\_\_\_\_ 10:15 am \_\_\_\_\_ 11:15pm \_\_\_\_\_

**PRESENTATION INFORMATION: Please fill in as you would like it to appear on the program. For uniformity we may need to edit.**

<b>PRESENTATION TITLE</b> <i>(This should clearly reflect the topic, appeal to women and relate to the concept of "Her Voice, Her Legacy, Her Power-Leadership, Communicating, Social Justice."</i>
<b>NAME(s), JOB TITLE(s), ORGANIZATION</b> <i>(Who are you and what are your credentials which qualify you present this topic?)</i>
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**PRESENTATION DESCRIPTION** (This should be 5-6 sentences, fewer than 75 words and reader friendly. Presentations are 60 minutes in length.)

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**Check the category(s) applicable to your presentation:**

\_\_\_\_\_ Personal Empowerment    \_\_\_\_\_ Health/Wellness    \_\_\_\_\_ Business/Finance

**I wish to be a vendor at the conference:** (Five speaker tables are available this year and are complimentary to selected speakers via lottery system. Tables include 2 chairs but are not clothed. (NOTE: If you bring an assistant, he/she will need to pay for attendance at the conference.)

\_\_\_\_\_ if selected \_\_\_\_\_ Yes \_\_\_\_\_ No

**Audio-visual request:** overhead projector \_\_\_\_\_ VCR/TV \_\_\_\_\_ flip chart/easel \_\_\_\_\_  
other (please specify) \_\_\_\_\_

***Please note: All rooms will have computer availability. You will need to bring a flash drive if you plan to use PowerPoint or other media.***

**Special Room Arrangements:** \_\_\_\_\_

**Participation:** unlimited \_\_\_\_\_ or maximum # \_\_\_\_\_ &/or minimum # \_\_\_\_\_

**Should you have any questions or need assistance in completing this form, please contact:**

Gervais Edwards  
Phone: (708) 596-2000 x5723

**Due Date: 10/31/25**

**PLEASE RETURN THIS FORM TO:**

Gervais Edwards  
**Manager of C3**  
15800 S. State St.  
South Holland, Illinois 60473  
**OR VIA EMAIL at [gedwards@edu](mailto:gedwards@edu)**

*Our mission is to Serve our Students and the Community through lifelong learning.*