|  |  |
| --- | --- |
| **all fields marked with an asterisk (\*) are required and must be filled out completely in order for your form to be accepted by production!  TYPE out all RESPONSES in required fields. ENSURE accuracy and proper spelling, as This is how YOUR INFORMATION WILL APPEAR IN promotional material for the event.** | |
| **\*Speaker Full Name:** (including any prefix, e.g. Dr.) |  |
| **\*Speaker Job Title:** |  |
| **\*Speaker Affiliation**  (e.g. company name) |  |
| **\*Speaker Email:** |  |
| **\*Speaker Telephone:**  (only for contact info, not publication) |  |
| **\*Speaker Cellphone**  (only for contact info, not publication) |  |
| **\*Speaker Biography:**  (150 *words* max) |  |
| **\*Title of Talk:**  (105 *characters* max) |  |
| **\*Abstract**  (200 words maximum) |  |

**\*SEND IN THE FOLLOWING MATERIALS SEPARATELY WITH THIS FORM (REQUIRED):**

* Speaker Headshot 250x250 pixels

Please include your abstract and bio within appropriate fields noted above – do not send as separate attachments!

**SPEAKER Checklist for production of event:**

* Topic and outline/storyboard to be approved by *Technical Program Director*, Patrick Hindle in advance of event production and the intake form deadline
  + May include history, design, technology info, as well as specialized application/product demos
  + **Deadline for the intake form is Monday, June 19, 2023**
* Must use EDI CON ONLINE keynote deck template, found in [speaker center](HTTP://WWW.EDICONONLINE.COM/SPEAKER-CENTER/) at edicononline.com
* Speaker delivers 25-minute video
  + The final, full-length MP4 video may be provided in the following formats:
  + MP4, AVI, DIVX, FLV, M4V, MOV, MPEG, MPG, OGM, OGV, OGX, RM, RMVB, SMIL, WEBM, WMV, XVID, 3GP. Refrain from using 4k videos and use 1080p or less. Bit Rate: An hour per Gb: for a 5-minute video - should not exceed 100 mb. **The final/complete full-length video file and a PDF of the associated slide deck is due by Monday, September 11, 2023.**

**Speaker’s authorization:**

*SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*