

2026 Alabama disABILITY Conference – Presenter Information Form

Presenter Name:	Date:
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Title of Presentation:

Topic Area	How can we raise expectations for people with I/DD? How can we expect more Inclusive Communities so that ALL people with ALL abilities are engaged in life areas such as Employment, Housing, Learning, Recreation & Leisure, Healthy Living, Relationships/Sexuality, Accessibility, etc.? How can we support families to advocate for such, and engage each other, so this is a priority?
	How can self-advocates, families and providers navigate resources needed to meet this expectation? How can we work together to coordinate resources and build support systems to ensure self-advocates and caregivers know about them? We want to focus in on areas like Mental/Physical/Emotional Health, Aging Caregivers, Assistive Technology, Employment, Products that enhance independent living, Community, Family/Friends, Advocacy, etc.
	How can we unite to ensure people with I/DD experience success? How do we celebrate these outcomes and achievements? We want to explore Outcome Based Planning – Getting results, advocacy; future planning, financial planning, health care, education, making choices, transition, school to community, public policy, etc.

Target Audience	Person with a disABILITY
	Caregiver
	Administrator/Manager or Service Provider
	Clinical Professional (OT, PT, Nurse, LPC, LMFT, LCSW)
	Direct Support Professional
	Educator
	Family Member/Advocate
	Employment Specialist
	Community Leader
	All of the Above

What type of presentation	Lecture
	Audience discussion facilitate by presenter
	Panel presentation (provide contact information of panelists as presenters)
	Activity or workshop where participants will walk away knowing how to do something
	Question and answer session, particularly government departments
	Film with discussion
	Performance by presenter

Will CEUs be provided or available with your presentation?	YES	NO
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Description of the Presentation: This description (up to 60 words) will appear on the conference website/booklet and will help attendees to choose sessions. Please word the description as clearly and simply as possible using People First Language.

Learning Objective(s): This is your explanation of what the participants will learn from your session. The objectives should start with “The participant will be able to....” You may need to list more than one objective.

Would you like support in fine-tuning your presentation, particularly writing your learning objectives?	YES	NO
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What time would you prefer to present? Your preference is not guaranteed but will be considered.	Monday AM or PM
	Tuesday AM

Lead Presenter Name

Educational Degree	
Institution or Company Affiliation, if any:	

Biographical Info – Maximum 30 words. Include related experience. Please do not submit resume or CV.

Are you or any co-presenters affiliated in any manner with a company or organization whose commercial products you will be presenting or demonstrating?	Yes	No
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What is your preferred method of communication with the Program Committee? Email is ours, but we will work with yours also. (The email address for our Program Committee is jodom@arcofsouthwestal.org)		Telephone
		Email

Presenter's Mailing Address (Street or P.O. Box, City, State, Zip):

Email address	Best telephone number
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Is there a second presenter? Yes No
Name: _____ Email address: _____
Address: _____ Telephone Number: _____

If your presentation is not chosen, would you be willing to be on our stand-by list to present should there be a last-minute cancellation? Your answer to this question has no effect on your presentation's acceptance.	Yes	No
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Audio-Visual (AV) Presentation/Technology Requests

If you plan to use a laptop, **please bring one of your own**. If you use a Mac, please bring your own adapter. The Conference may be able to supply some audio-visual equipment in presentation rooms. **Each room will be set up theater style** (chairs in rows facing a screen, podium, and panel table) and supplies. Other preferred set-up styles are not guaranteed but, if possible, may be accommodated. If your equipment requirements need to be changed before the conference, please let us know immediately. We will be UNABLE to fulfill or change your set-up or AV needs after August 8th OR during the conference.

I will need the following:

Internet Access	Sound system
Easel	LCD Projector
Large Pads/Markers	Projection Screen
Additional microphones	Stand Microphone
DVD player	Wireless handheld microphone
Technical Assistance	Other:

Rooms will be set up in Theater style seating. If you require another set-up please list here as a request. We will do our best to fulfill it. Please indicate preferred set-up style:

Accommodations

All rooms will be physically accessible. We encourage proposals from presenters with all abilities. Please ensure your accommodations have been acknowledged when you receive your confirmation letter. No changes can be made after August 8th OR during the conference.

Will you need any accessibility accommodations for your presentation? If YES, please describe below:	Yes	No
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Signature: _____	Date: _____
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Submit to:

<p style="text-align: center;">Email to: jodom@arcofsouthwestal.org</p> <p style="text-align: center;"><i>Due to the time sensitive nature of conference planning we kindly request all submissions be made via email.</i></p>	<p style="text-align: center;">2026 Alabama disABILITY Conference c/o Jessica Odom The Arc of Southwest Alabama 234 Hearn Drive; Chatom, AL 36518 251-847-2970, x.2</p>
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Thank you for your interest in presenting in the 2026 Alabama disABILITY Conference.
If selected, a Program Committee Representative will be in contact to discuss your proposal.