College and University Police and Investigators Conference
August 2-5, 2016
Call for Presentations Form

Presenter Information:

First Name: ______________________  Last Name: ______________________
Title/Rank: ______________________
Agency: ______________________
Address: ______________________
City: ______________________
State/Province: ______________________
Zip Code: ______________________
Country: ______________________
Day Phone: ______________________  Cell Phone: ______________________
Evening Phone: ______________________
Fax: ______________________
E-mail: ______________________

Website where we can obtain additional information about your agency.
Http:// ______________________

Presentation Type:

☐ Yes  ☐ No  Single Presenter
☐ Yes  ☐ No  Co-Presenter
☐ Yes  ☐ No  Will you need internet access for your presentation?
☐ Yes  ☐ No  Law Enforcement Officers & Public Safety Officers ONLY presentation?
☐ Yes  ☐ No  Will you be needing transportation from the airport?

Presenter Biography:

________________________________________________________________________
________________________________________________________________________
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**Presenter Background:** (A description of your professional background and or education and information on your previous speaking experience. Please limit to 100 words.) *A presenter background must be filled out for each speaker.*

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**Presenter Special Assistance:** (If you require special assistance during the conference, please identify the type of service needed.)

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**Co-Presenter Contact Information:**

First Name: ______________________ Last Name: ______________________

Title/Rank: _______________________________________________________

Agency: __________________________________________________________

Email: __________________________ Tel: __________________________

**Co-Presenter Biography:**

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Co-Presenter Background: (A description of your professional background and or education and information on your previous speaking experience. Please limit to 100 words.) A presenter background must be filled out for each speaker.

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Presentation Schedule:
Presentations are broken down into 40 minute and 90 minute sessions.

Please specify your time frame:
- □ 40 Minutes
- □ 90 Minute
- □ Two parts (180) minute session
- □ Other Specify

Are you able to present more than once if needed:
- □ Yes
- □ No

What days:
- □ Tuesday 08/02/2016
- □ Wednesday 08/03/2016
- □ Thursday 08/04/2016
- □ Friday 08/05/2016

Presentation Information:

Presentation Track / Topic: _____________________________

Presentation Title: (As you want it to appear in the conference program.) _____________________________

Learning Objectives: (Three things attendees will learn from your session.)
1. _____________________________
2. _____________________________
3. _____________________________
Abstract (Please type a maximum 300 word abstract of your presentation for promotional materials. This should clearly communicate the session content and topics you plan to cover.)

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Prerequisite: (Should attendees have subject knowledge or background in a specific area to understand your presentation? Limit 25 words or less.)

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AUDIO VISUAL EQUIPMENT:

Please check equipment needed for presentation:

☐ TV  ☐ VCR
☐ DVD  ☐ Overhead Projector
☐ Power Point  ☐ Easels
☐ Internet Access  ☐ Other
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Call for Presentations Form

Are there other presenters you can recommend for our conference?  
Yes  No
Would you give consent for us to contact them?  
Yes  No

Name/title:  

Presentation topic:  

Phone number:  

Email address:  

I agree with the below:

By turning in this call for presentations you give the George Mason University Police Department permission to electronically post your abstract and related materials on the CUPIC website and to publish them in printed (conference marketing materials, participant handouts, electronic and printed proceedings, etc.). In addition, The George Mason University Police reserve the right to edit for consistency, length, format and grammar as necessary.

Signature: ___________________________  Date: ______________

Please Fax or mail this completed form to:(703)993-7595 no later than COB May 1st 2016
George Mason University Police Department
Attn: CUPIC
4400 University Drive MSN 3D3
Fairfax, Virginia 22030