

Presentation Information

Skagit Island Human Resource Management
Association Meetings and Workshops



We invite you to submit a proposal to share your experience and expertise with your colleagues in human resource management.

SIHRMA is always accepting proposals for a variety of programming. This includes monthly, hour-long, virtual/hybrid chapter meetings and an annual full or half day workshop. Monthly meetings are typically held from 11:30 AM – 1 PM on the second Thursday of the month.

Meeting Schedule: Monthly meetings are January – June, September and November. The Fall workshop is held in October and the Holiday Party is held in December.

Proposal Review- All proposals will be reviewed by the Program Director and approved by the SIHRMA Board.

A NOTE CONCERNING HONORARIA - Educational conference sessions that benefit HR professionals impact every institution they touch as well as every community. We look for contributors who are willing to share their expertise without expectation of payment in the spirit of networking, a purpose for which the Association was founded.

Speaker Expectations:

- Meet all deadlines
- Deliver approved presentation as originally submitted
- Honor SIHRMA's commitment to provide education
- Keep promotions and endorsements of your professional services/products to an appropriate minimum

SIHRMA Responsibilities:

- Registration coordination
- Presentation marketing
- Technology management

INSTRUCTIONS FOR SUBMITTING A PROPOSAL

Please complete and return form to daustin@voaww.org and s.calkins@silfabsolar.com or your SIHRMA board member contact. Please provide us with your picture or any graphic you would like included with the meeting announcement on the SIHRMA website.

ABOUT THE PRESENTER

Submit your name as you wish to see it published. Please include your professional designation after your last name.

Name:	
Job Title:	
Company:	
Address:	
City, State, Zip:	
Phone Number:	
Fax Number:	
E-mail Address:	

Presenter Introductory Information (bio):

What other SHRM events, if any, have you previously spoken at?

What other non-SHRM events, if any, have you previously spoken at?

TITLE OF SESSION:

TYPE OF PRESENTATION:

One Hour Single Topic

Half/Full Day Workshop

ABOUT THE PRESENTATION: My presentation is related to the following HR area(s):

- | | |
|---|--|
| <input type="checkbox"/> Employee & Labor Relations | <input type="checkbox"/> HR Information Systems |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Benefits |
| <input type="checkbox"/> Employment Law & Practices | <input type="checkbox"/> Training & Development |
| <input type="checkbox"/> Environmental Health, Safety, & Security | <input type="checkbox"/> HR Leadership/Mgt Practices |
| <input type="checkbox"/> Professional/Self Development | <input type="checkbox"/> Other: |

SUMMARY OF SESSION: In 75 words or less, provide a summary of the content. If approved, this description will be used in promotional flyers and on the SIHRMA website subject to the SIHRMA editorial process.

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Provide a *one sentence* primary learning objective of your presentation. Please do not give bullet points, multiple objectives, outlines, or multiple sentences. For example: This session will help you prepare for changes in the workplace by examining and discussing emerging issues in HR and their affect on day-to-day HR responsibilities.

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RECERTIFICATION CREDIT

Many of our members are certified HR professionals and attend ongoing sessions to received credit for recertification. Your session will be submitted to HRCI and SHRM in order to determine eligibility for recertification credit. In order to determine eligibility, ***please list three main learning objectives*** for your presentation.

1.
2.
3.

Agreement and Release

By submitting this proposal, I understand that I will not receive an honorarium.

If selected, I agree to adhere to the deadline schedule furnished SIHRMA.

I understand that my conference presentation is not a showcase for promotion of my business, practice or product, and I will not sell my products or services from the SIHRMA speaker platform.

I also understand that I will be notified about the status of my proposal from SIHRMA directly.

I have read the above Agreement and Release and agree to the terms.

Name:		Date of Submission:	
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PLEASE KEEP A COPY OF THIS PROPOSAL FOR YOUR RECORDS.

Thank you for your support of SIHRMA. We look forward to connecting with you.