

# PRESENTATION APPLICATION

June 24 and 25, 2020

SIOUX FALLS CONVENTION CENTER  
1101 N West Ave  
Sioux Falls, SD 57104



The following information is required by our continuing education partners.

**Name, title, designation, title of presentation, learning objectives, and session** description will be used on the website and Agenda as printed so please be exact.

**Please complete and return this application form to [catie.olson@marshmma.com](mailto:catie.olson@marshmma.com).**

**Title of presentation:**

**Presentation learning objectives, please use full sentences (3-5):**

**Session description (200 Character Max):**

# PRESENTER INFORMATION

<b>Presenter 1</b>	<b>Name:</b>
	<b>Date of Birth:</b>
	<b>Title and Designations:</b>
	<b>Company:</b>
	<b>Address:</b>
	<b>Phone:</b>
	<b>Email:</b>
<b>Presenter 2</b>	<b>Name:</b>
	<b>Date of Birth:</b>
	<b>Title and Designations:</b>
	<b>Company:</b>
	<b>Address:</b>
	<b>Phone:</b>
	<b>Email:</b>
<b>Presenter 3</b>	<b>Name:</b>
	<b>Date of Birth:</b>
	<b>Title and Designations:</b>
	<b>Company:</b>
	<b>Address:</b>
	<b>Phone:</b>
	<b>Email:</b>