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# 2020 Conference Abstract Submission Form

*October 14-15, 2020*

*West Des Moines Marriott*

*West Des Moines, IA*

**SESSION TITLE:**

**DESCRIPTION:**

**SPEAKER INFORMATION**

Speaker 1 / Point of Contact:

Name:

Organization:

Address:

Phone:

Email:

Website:

Speaker 2:

Name:

Organization:

Address:

Phone:

Email:

Website:

Speaker 3:

Name:

Organization:

Address:

Phone:

Email:

Website:

**PRESENTATION OBJECTIVES**

*Provide at least two objectives.*

1.

2.

**PRESENTATION DATE/TIME**

***First Preference***                                          ***Second Preference***

\_\_\_ Wednesday, October 14th, afternoon \_\_\_ Wednesday, October 14rd, afternoon

\_\_\_ Thursday, October 15th, morning \_\_\_ Thursday, October 15th, morning

\_\_\_ Thursday, October 15th, afternoon \_\_\_ Thursday, October 15th, afternoon

\_\_\_ No Preference \_\_\_ No Preference

**CONFLICT OF INTEREST**

*A speaker’s presentation will not be used to advertise a particular product or a service (vendor/consultant).*

**PRESENTATION FORMAT (50 minutes)**

\_\_\_ Oral Presentation \_\_\_ Panel Discussion \_\_\_ Other (Please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUIRED ATTACHMENTS**

1. Biosketch for each presenter
2. Bibliography or references related to the presentation

**SUBMISSION INSTRUCTIONS (Deadline to Submit is 11:59 PM on July 10)**

*Email this form, along with the required attachments to:* Sandy Bubke at [mocoenvr@mononacounty.org](mailto:mocoenvr@mononacounty.org)

*Or mail to:*

Monona County Env. Health Dept.

ATTN: Sandy Bubke

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Onawa, IA 51040