

Text

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Dear speaker,

Please complete the following information:

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| Title |  |
| First Name |  |
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| Email |  |
| Profession/Specialty |  |
| Organizational affiliation |  |
| Role |  |
| Bio (100 words max) |  |
| Picture | Please attach a portrait image of yourself for marketing materials and course covers |

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| Full title: |  |
| Brief description: |  |
| 3-5 Objectives: |  |
| Language: (please specify the language you will use e-g “French”) |  |
| DATE (31st march) |  |
| Total Duration (in min) (minimum 40min) |  |
| Poll questions [OPTIONAL] (to engage with participants during the presentation) |  |
| Can we send a PDF version of the presentation to attendees? |  |
| Do you allow WCEA to create a course using your presentation? |  |
| 5 Multiple choice questions for the course (Please mark the correct answer in bold or write [Correct Answer]) | If you allow the presentation to be turned into a course please provide 5 multiple choice questions, 3-4 answers one correct answer. |