



**2023 DMA Annual Conference**  
 May 19-20, 2023, The Hotel at Avalon, Alpharetta, GA

***Call for Presentations***

|                                                                                                                                                                                                                            |                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Presenter:                                                                                                                                                                                                         |                                                                                                                                            |
| Company Name:                                                                                                                                                                                                              |                                                                                                                                            |
| Address:                                                                                                                                                                                                                   |                                                                                                                                            |
| City:                                                                                                                                                                                                                      | State:                      Zip:                                                                                                           |
| Presenter Email:                                                                                                                                                                                                           | Phone:                                                                                                                                     |
| If different from presenter, please list best person to contact:                                                                                                                                                           |                                                                                                                                            |
| Contact Email:                                                                                                                                                                                                             | Phone:                                                                                                                                     |
| Presentation Length (in minutes):                                                                                                                                                                                          |                                                                                                                                            |
| Topic:                                                                                                                                                                                                                     |                                                                                                                                            |
| Title of Presentation:                                                                                                                                                                                                     |                                                                                                                                            |
| Presentation Learning Objective (for promotional information materials):                                                                                                                                                   |                                                                                                                                            |
| Learner Focus:<br><input type="checkbox"/> Managers/Administrators<br><input type="checkbox"/> Admin or Insurance Office Staff<br><input type="checkbox"/> Clinical Office Staff<br><input type="checkbox"/> Aestheticians | <input type="checkbox"/> Laser Practitioners<br><input type="checkbox"/> Aesthetic Office Staff<br><input type="checkbox"/> Other<br>_____ |
| Please attach Presenter Bio Sketch & Picture (for introductions and promotional materials):                                                                                                                                |                                                                                                                                            |
| Honorarium requested (please attach I-9):                                                                                                                                                                                  |                                                                                                                                            |
| Hotel nights requested: <input type="checkbox"/> Thursday, May 18, 2023 <input type="checkbox"/> Friday, May 19, 2023                                                                                                      |                                                                                                                                            |
| Presentation slides will be requested prior to April 1, 2023.                                                                                                                                                              |                                                                                                                                            |

Send to [mllomax@bellsouth.net](mailto:mllomax@bellsouth.net).