SAFETY AND HEALTH
CONFERENCE & EXPO
CHESAPEAKE REGION SAFETY COUNCIL

2026 SPEAKER PROPOSAL FORM

Name: _____

Professional Title: _____ Credentials: _____

Company: _____ Website: _____

Street Address: _____ City/St/Zip: _____

Phone Number: _____ Email: _____

SPEAKER BIOGRAPHY:
Please provide a short biography highlighting experience and information that is relevant to your topic.

REFERENCE - Who referred you to possibly speak at our conference?

PRESENTATION DETAILS:

PRESENTATION TITLE - Please provide a title for your presentation. Clever titles are encouraged.

PRESENTATION ABSTRACT:
Please provide a brief description of your proposed presentation.

☐ By completing this form, you acknowledge that no additional expenses will be charged to Chesapeake Region Safety Council for speaking fees, accommodations, food, or any other materials for breakout sessions.

Please submit completed proposals to Christy@ChesapeakeSC.org. Your proposal will be reviewed by the conference committee for consideration and you will be notified by July 1, 2026 regarding the status of your proposal.