Presenter Application for PAPERS Conferences

PAPERS mission is to function as a central resource for educational purposes and act as a networking agent for all public plans through our annual conferences. PAPERS' annual Forum each spring and the Fall Workshop give those who work in or provide services to Pennsylvania's public pension funds an extraordinary opportunity to share their expertise. As our goal is provide education sessions designed to improve financial and operational performance of public employee retirement systems, we encourage our member firms to make presentations during our conferences. Most presentations are 50 minutes in length.

If you are interested in presenting at one of PAPERS' upcoming conferences, please complete the information below and return: Mail: PAPERS, P.O. Box 61543, Harrisburg PA 17106

Fax: 717-754-0122; E-mail: kdeklinski@msn.com

All submissions will be acknowledged. If you do not receive an acknowledgement, please let us know.

Presentation Title

Brief Description of Presentation

 What format will you use for your presentation?

 Check One:
 Individual presenter*

*If individual presenter, are you willing to become part of a panel on this topic with other presenters? ______ For each presenter, please provide name/title, e-mail address and phone number:

PLEASE NOTE: All PowerPoint presentations must be submitted well in advance of the conference dates for review and approval. Specific details will be provided to presenters upon receipt of this application.

Most or all presentations will be considered a requirement for obtaining a PAPERS certification in the Public Pension arena. Members should achieve a certain level of expertise after participating in each session. Please list five questions participants should be able to answer after participating in this session:

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Please check if:

_____ Your firm is a current corporate (Associate or Affiliate) member of PAPERS

_____ Your firm is willing to become a conference sponsor

| Application submitted by: | |
|---------------------------|----------|
| Name/Title | Date |
| Firm | |
| E-mail Address | Phone () |

If you are not the primary contact for this presentation, please provide name/e-mail address and phone number for primary contact. THANK YOU!!

Form revised 8/2023