



# 2026 STATE CONFERENCE SESSION SPEAKER FORM

**Theme: Next-Level Impact: Disrupt. Excel. Repeat**

June 25-26, 26 | 8:30 am - 4:00 pm  
JW Marriott Camelback Inn

Please complete the following information. Submissions to be sent to [admin@afpaz.org](mailto:admin@afpaz.org). Due by: 2/13/26

<b>Presentation Title</b>			
<b>Presentation Description</b>			
<b>Instructional/audience level</b>			
<input type="checkbox"/>	Basic (Introductory/Overview; attendee has minimal fundraising experience)		
<input type="checkbox"/>	Intermediate (Assumes prior knowledge or some direct experience; attendee has 3-7 years fundraising experience)		
<input type="checkbox"/>	Advanced (Expert level, assumes in-depth knowledge of subject matter; attendee has 7+ years of fundraising experience)		
<input type="checkbox"/>	Special Topic (General appeal subject matter)		
<b>Learning Objectives</b> (Please list 3-5 bullet points of what attendees will be to take away from the session) *View our <a href="#">Conference Tracks Reference Guide</a> to see track descriptions			
<b>Consider CFRE Topic Classification</b> (Select if applicable.)			
<input type="checkbox"/>	Advanced Fundraising Techniques	<input type="checkbox"/>	Fundamentals
<input type="checkbox"/>	Professional Development/Career Services	<input type="checkbox"/>	Major and Planned Gifts
<input type="checkbox"/>	Corporate and Foundation Giving	<input type="checkbox"/>	Research
<input type="checkbox"/>	Direct Response Marketing	<input type="checkbox"/>	Social Media/Technology
<input type="checkbox"/>	Executive Leadership	<input type="checkbox"/>	Special Events
<input type="checkbox"/>	Other (please list):		

Speaking References (Please provide at least one reference.)			
Organization:			
Date of Presentation:			
Topic/Description:			
Contact:			
Phone/Email:			
Organization:			
Date of Presentation:			
Topic/Description:			
Contact:			
Phone/Email:			
Speaker Information			
Name			
Are you a member of AFP?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No ( <i>Preference will be given to speakers who are members</i> )
Title			
Company/Institution			
Street Address			
City/State/Zip			
Work Phone			
Alternate Phone			
E-Mail Address			
Twitter Username			
Company Website			

Check this box to agree that your session will include an element of audience engagement.

Check this box if you are interested in increasing the exposure of your company through exhibit and sponsorship opportunities.

Signature:

**Please submit this form via email ([admin@afpaz.org](mailto:admin@afpaz.org)). Deadline is 2/13/26.**

**AFP Greater Arizona does not compensate speakers or reimburse travel expenses. Thank you on behalf of the Greater Arizona Chapter of the Association of Fundraising Professionals (AFP). If you have any questions, please email [admin@afpaz.org](mailto:admin@afpaz.org) or call (480) 947-3459.**