



SPEAKER INFORMATION

The purpose of this form is to notify the Central Office that a speaker is confirmed, to provide contact information so additional required forms can be mailed to the speaker, and to provide speaker name, title and affiliation as it should be published in the preliminary and final seminar or annual meeting programs. **This should be completed by the committee member assigned to contact the speaker and submitted to the Central Office as soon as a speaker is confirmed and without fail before the assigned deadline. Fill in complete address including zip code.**

When you first contact the speaker, inform them that they will be required to sign a disclosure form and submit a CV to the Central Office for continuing education documentation for the event. IF THEY ARE NOT WILLING TO DO THIS, THEY CANNOT BE A SPEAKER FOR OUR EVENT.

Full name, including credentials: _____

Speaker's Professional Title _____

Affiliation _____

Descriptive Title of Presentation _____

Date and Time of Presentation _____

Mailing Address (_____ home or _____ work) _____

City, State, Zip Code: _____

Phone/Fax Number _____

Cell Phone Number _____

Email Address: _____

Presentation Objectives:

- 1. _____

- 2. _____

- 3. _____

Committee: _____ Event: _____

Submitted by: _____ Date: _____