

NAWCC Speakers Bureau Program REGISTRATION FORM

If using this form as a Word document: fill in the information requested below by clicking and typing in the gray boxes. Email the completed Word document to Patricia Holloway patricia.w.holloway@gmail.com

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Your Presentation Details

(Please use additional forms if you are registering more than one presentation.)

Title: _____

Description: _____

Length of Talk: _____ Minutes: _____

Equipment Required: _____

Other: _____

I am available: Anytime Weekends only M-F only Evenings Daytime

My talk can be geared to (check all that apply): Elementary School Middle/Junior High
 High School Civic Organization Scout Troops Chapters Regionals
 Other (please specify) _____

What is your maximum travel distance/weekdays? _____ Weekends? _____

How much advance notice do you require? _____

Do you require expense reimbursement? If so: Auto: _____ Air: _____ Meals: _____

Other: _____

Signature _____ Date _____