##### msword_2inchwideSESSION & SPEAKER INFORMATION

*Please send the form as an attachment to* *acmanc@yahoo.com* *along with your current resume & bio.*

#### **Please complete the electronic form below. All fields are required.**

### Speaker Contact Information (exactly as it should appear in printed materials)

|  |  |
| --- | --- |
| **Name:**  |  |
| **Credentials:**  |  |
| **Title:** |  |
| **Department:** |  |
| **Organization:**  |  |
| **Mailing Address:**  |  |
| **City:** |  | **State:** |  | **ZIP:** |  |
| **Office Phone:** |  | **Mobile:**  |  |
| **Email Address:** |  |
| **Assistant Name:** |  | **Email:** |  |

### Session Information (as it should appear in printed materials)

|  |  |
| --- | --- |
| **Session Duration:**  |  |
| **Session Title:**  |  |
| Session Abstract:Provide 3-4 complete sentences that effectively describe what your presentation intends to cover.  |  |
| Learning Objectives:*Provide 3 objectives that complete the sentence. Please use* [*measurable verbs*](http://www.sae.org/training/seminars/instructorzone/measurable_verbs_for_learning_objectives.pdf) *rather than verbs such as “know” or “understand.”* | At the conclusion of the presentation, attendees will be able to: |
| 1.  |
| 2.  |
| 3.  |

|  |
| --- |
| **Session Order & Speaker Expenses (to be completed by Chapter Board)** |

|  |  |
| --- | --- |
| **Session Number:**       | [ ]  Vendor Speaker: Company:       |
| [ ]  | Honorarium Amount:       | ***Select one of the below options, if applicable:*** |
| [ ]  | Meals ($50/day max) | [ ]  Mileage |
| [ ]  | Ground Transportation/Parking ($100/max) | [ ]  Airfare (roundtrip, coach) |
| [ ]  | Hotel (1 Night) |  |