

PRESENTER INFORMATION

Please complete the below information to submit a presentation and return via email kwilliams@nwibusinesssevents.com or fax (219) 226-0303.

PRESENTATION TITLE

SUMMARY: 3-5 sentences that describe the presentation content. Will be used in the final program to attract attendees. Submissions that exceed limit will be edited. *Limited to 30 words.*

AUDIO-VISUAL EQUIPMENT NEEDED

- | | | |
|--|--|---------------------------------------|
| ☐ Computer Projector | ☐ Projection Screen | ☐ Other: _____ |
| ☐ Flipchart with pad and marker | ☐ Microphone | |

PRESENTER INFORMATION

Prefix: _____ First: _____ Last: _____

Certification: _____

Other Industry Certifications, Credentials, Titles: _____

Company or Institution: _____

Title: _____

Street Address: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Work Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Biographical Sketch (required for presenters): Summarize educational and experiential background that specifically relates to the qualifications to speak on the proposed topic. Limited to 125 words.

References: List 1-2 contacts and phone numbers from pervious speaking engagements.

Contact Name: _____ Contact Number: _____

Contact Name: _____ Contact Number: _____

CO-PRESENTER INFORMATION (If Applicable)

Prefix: _____ First: _____ Last: _____

Certification: _____

Other Industry Certifications, Credentials, Titles: _____

Company or Institution: _____

Title: _____

Street Address: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Work Phone Number: _____ Cell Phone Number: _____

Email Address: _____

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