



NAIFA

SPEAKERS BUREAU

SPEAKER APPLICATION

APPLICANT INFORMATION

Form section for Applicant Information including fields for First Name, Middle Name, Last Name, Professional Designations Held, Professional Memberships, and Practice Specialty.

BUSINESS INFORMATION

Form section for Business Information including fields for Name of Firm, Address, City, State, ZIP Code, Phone, Email, and Fax.

RESIDENCE INFORMATION

Form section for Residence Information including fields for Address, City, State, ZIP Code, Phone, Email, and Cell Phone.

PRESENTATION INFORMATION

Please indicate the appropriate categories for your presentation:

Grid of checkboxes for presentation categories such as Leadership, Management, Communication, Technology, Marketing, Customer Service, etc.

Form section for Presentation Title and Summary Description.

Form section for Learning Objectives, Presentation Length, Audio/Visual Requirements, and a question about continuing education credits.

Text field for listing states if presentation is approved for continuing education credits.

Have you previously given this presentation to a NAIFA audience?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list the two most recent occurrences:	Meeting/Event:	Date:	
	Meeting/Event:	Date:	
GEOGRAPHIC PREFERENCES			
Please indicate the location(s) where you are willing to give your presentation:			
<input type="checkbox"/> Pacific: AK, CA, HI, OR, WA	<input type="checkbox"/> Great Lakes: IL, IN, MI, MN, OH, WI	<input type="checkbox"/> Northeast: CT, ME, MA, NH, NY, RI, VT	
<input type="checkbox"/> Rocky Mountain: CO, ID, MT, NV, UT, WY	<input type="checkbox"/> Midwest: IA, KS, MO, ND, NE, SD	<input type="checkbox"/> Mid-Atlantic: DE, MD, NJ, PA, VA, WV	
<input type="checkbox"/> Southwest: AZ, NM, OK, TX	<input type="checkbox"/> South Central: AL, AR, KY, LA, MS, TN	<input type="checkbox"/> South Atlantic: FL, GA, NC, PR, SC	
EXPENSE REIMBURSEMENT			
<input type="checkbox"/> I will not require reimbursement as long as the meeting is within my preferred geographic location(s).			
<input type="checkbox"/> I will require reimbursement and understand that I must negotiate the amount with the state or local association that requests my presentation.			
Additional Requirements:			
BIOGRAPHIC INFORMATION			
Please provide a brief description (50-75 words) of your professional experience, education, & association activities:			
Biography:			
PROFESSIONAL REFERENCES			
Name/Firm:		Phone/Email:	
Name/Firm:		Phone/Email:	
RULES AND REGULATIONS			
<p>The NAIFA Speakers Bureau (NSB) is a service of the National Association of Insurance and Financial Advisors (NAIFA). The NSB is a proprietary list of information about speakers of interest to insurance and financial advisors. NAIFA permits speakers to be listed on the NSB for the sole purpose of informing NAIFA member associations about listed speakers. Use of the NSB for any other purpose is strictly prohibited. NAIFA reserves the right, in its sole discretion, to determine whether or not to include any particular individual on the NSB, and to edit or delete any information about speakers contained in the NSB. Speakers participating in the NSB acknowledge and agree that NAIFA shall treat the information such speakers submit to the NSB as non-confidential and that NAIFA may use such information royalty-free in any manner consistent with the purposes of the NSB. NAIFA is not an agent for or an employer of any speaker listed on the NSB, or an agent for any association seeking the services of a speaker listed in the NSB.</p> <p>NAIFA shall have no involvement in, no control over and no responsibility or liability for, any communications, arrangements or transactions between speakers listed in the NSB and associations that seek to retain such speakers' services, or that otherwise result from use of the NSB. Any communications, arrangements and transactions between speakers listed in the NSB and those associations that seek to retain such speakers' services shall be solely the responsibility of such speakers and those seeking to retain the speakers' services.</p> <p>NAIFA does not control, review, verify, screen or endorse, and NAIFA does not assume any responsibility or liability in connection with, the content of any speech or presentation that may be given as a result of use of the NSB or the content of any publication or other media a speaker may offer or present. The ideas, materials and information presented by speakers listed in the NSB do not necessarily reflect the views of NAIFA. NAIFA disclaims all liability for any claims or damages that may result from use of the NSB, from any communication or transaction that may result from use of the NSB, or from any presentation that may, or may not, be given as a result of use of the NSB.</p> <p>All those who use the NAIFA Speakers Bureau agree to indemnify, defend and hold NAIFA harmless from any and all claims arising from such use. State or local associations, and not NAIFA, are responsible for assessing the qualifications of a desired speaker and for providing any compensation that is requested by the speaker and agreed to by the state or local association.</p> <p>You may return your application by fax: 703-770-8107, email: rlawhun@naifa.org, or mail:</p>			
		NAIFA – Speakers Bureau 2901 Telestar Court Falls Church, VA 22042-1205	
SIGNATURE			
I hereby authorize verification of the information provided on this form. If accepted into the NAIFA Speakers Bureau, I agree to abide by the Rules and Regulations as stipulated in this application.			
Signature of Applicant:		Date:	