



SPEAKER CONFIRMATION FORM FOR FSMA MEETINGS

Please provide the information below:

Speaker Name including credentials: _____

Please attach a copy of your CV. Thank you.

Session Title: _____

Time planned to speak: 1 hour ____ 1.5 ____ 2 ____ More ____

Provide at least 3 objectives:

1. _____

2. _____

3. _____

Mailing Address: _____

Phone: _____

Email address: _____

FSMA will provide the internet connection, wireless mic, laser pointer, projector, computer with Microsoft Office Programs and USB port access.

Note: Any overhead presentation (with the permission of the speaker) will be provided on FSMA website after the conference.

Honorarium is offered from FSMA (nonprofit organization) \$100.00 per hour if requested.

___ Yes I request Stipend

___ No I do not request Stipend