



SPEAKER CONFIRMATION FORM FOR FSMA SPEAKERS BUREAU

Please provide the information below:

(Additional Sheets may be provided for additional titles)

Speaker Name including credentials: _____

Mailing Address: _____

Phone: _____

Email address: _____

Please attach a copy of your CV. Thank you.

Include Session Title: _____

Select One: Zoom _____ In Person _____

Time Planned to Speak: 1 hour _____ 1.5 _____ 2 _____ More _____

(Includes Question and Answer time)

Provide at least 3 objectives:

1. _____

2. _____

3. _____

FSMA will provide the following equipment for in person meetings: the internet connection, wireless mic, laser pointer, projector, computer with Microsoft Office Programs and USB port access for face-to-face meetings.

Zoom set-up will be provided for on-line meetings.

As a Courtesy FSMA requests at least 72-hour cancellation and will provide the same.

Will you allow FSMA to publish your slide presentation on their website after the presentation? yes _____ no _____

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

____ Yes I request Stipend

____ No I do not request Stipend