# Annual Conference/Training Professional Speaker Form

***Due in October for the next July Annual Conference***
***Email to:*** AMCAInfo@azleague.org

Proposed Conference/Training: _____

Speaker Name(s): _____

List Topics Covered:

| |
|---|
| |

Length of Presentation: _____

Cost(s): _____

Additional Contact Information for Speaker(s):

Email:_____
Phone Number:_____
Website Address:_____

Have you had an opportunity to hear this speaker in person? _____
If yes, when and where? _____

To assist in the review process, please include the following with this form:

- Speaker Biography
- Flyers, Printouts, and/or Brochures

Submitted by:_____Date: _____

*Education Committee Ranking:* _____