

NeASFAA Conference Speaker Information Sheet

Name:	
Title:	Phone:
Institution/Company:	Fax:
Mailing Address:	Email:
NeASFAA Contact:	Phone:

Travel Arrangements

Party responsible for travel arrangements (check one):
 Speaker – If you plan to make your own arrangements, then do not complete this section.
 NeASFAA – Please complete this section

Arrival Time:

Departure Time:

Will you need a hotel room? Yes No If yes, how many nights?

Transportation needs:

Session Information

Session Title:

Session Type: General Breakout

Session Day & Time:

Handouts: Yes No If yes, would you like NeASFAA to make the copies? Yes No

Session Description (attach a separate sheet if necessary):

Speaker Bio (attach a separate sheet if necessary):

Audio/Visual Equipment Needs (check all that apply): If you plan to bring your own, skip this section.

<input type="checkbox"/> Laptop computer	<input type="checkbox"/> Overhead projector	<input type="checkbox"/> Standard mic	<input type="checkbox"/> Extension cord
<input type="checkbox"/> LCD projector	<input type="checkbox"/> TV/VCR	<input type="checkbox"/> Cordless mic	<input type="checkbox"/> Telephone line access
<input type="checkbox"/> Screen	<input type="checkbox"/> Flip chart	<input type="checkbox"/> Podium	<input type="checkbox"/> Ethernet cord
<input type="checkbox"/> Internet access			

Other:

If this speaker is conducting more than one session, please complete one form per session.

Fax this document back to: _____ at (____) _____