

Proposal Submission Document

Twin Cities ISCEBS Annual Employee Benefits Seminar

Session Title: _____

Bulleted Session Description:

Presentation Outline (or attach full presentation, if complete)

Presenter Name: _____
Presenter Title: _____
Presenter email and phone #: _____
Insurance License (If applicable): _____
Presenter Organization: _____
Presenter Bio (6-8 sentence max): _____

Second Presenter Information (If needed):

Name: _____
Title: _____
Email and phone #: _____
Insurance License (If applicable): _____
Organization: _____
Bio: _____

Third Presenter Information (If needed):

Name: _____
Title: _____
Email and phone #: _____
Insurance License (If applicable): _____
Organization: _____
Bio: _____
