



Speaking Proposal Submission Document Annual Employee Benefits Seminar

Submitter's Name, E-mail and Phone #:

Session Title: _____

Session Description: (Include Learning Objective and Take-Aways for the Audience)

Presentation Outline in 15 Minute Segments (Or Attach Full Presentation, if Complete)

Presenter Name: (First, Middle, and Last Name Required)

Presenter Title: _____

Presenter Email And Office Phone #: _____

Presenter Cell Phone #: _____

Insurance License and/or Other Designation (If Applicable):

Presenter Full Date of Birth (Required by State for CE): _____

Presenter Organization: _____

Presenter Organization Address: _____

Presenter Bio (6-8 Sentence Max, or Attach): _____

Second Presenter Information (If Needed):

Presenter Name: (First, Middle, and Last Name Required)

Presenter Title: _____

Presenter Email And Office Phone #: _____

Presenter Cell Phone #: _____

Insurance License and/or Other Designation (If Applicable):

Presenter Full Date of Birth (Required by State for CE): _____

Presenter Organization: _____

Presenter Organization Address: _____

Presenter Bio (6-8 Sentence Max, or Attach): _____

Third Presenter Information (If Needed):

Presenter Name: (First, Middle, and Last Name Required)

Presenter Title: _____

Presenter Email And Office Phone #: _____

Presenter Cell Phone #: _____

Insurance License and/or Other Designation (If Applicable):

Presenter Full Date of Birth (Required by State for CE): _____

Presenter Organization: _____

Presenter Organization Address: _____

Presenter Bio (6-8 Sentence Max, or Attach): _____
