**Bluegrass SHRM**

**Speaker Request Form**

*Please review your submission for completeness and accuracy. Proposals with missing information cannot be evaluated. Submit all required items to* **Leah Brown,** *Programs Director, at* [*prodevelop@bgshrm.org*](mailto:prodevelop@bgshrm.org)- *for consideration.*

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| --- | --- |
| **Name** | Click or tap here to enter text. |
| **Job Title** | Click or tap here to enter text. |
| **Company/Organization** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **City, State, ZIP** | Click or tap here to enter text. |
| **Office Phone** | Click or tap here to enter text. |
| **Mobile Phone** | Click or tap here to enter text. |
| **FAX Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Website** | Click or tap here to enter text. |

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|  | | **Requested Amount** | **Approved Amount** |
| **Travel Required** | **YES  NO** | Click or tap here to enter text. |  |
| **Speaker Fee Required** | **YES  NO** | Click or tap here to enter text. |  |
| **Honorarium** | **YES  NO** | Click or tap here to enter text. |  |
| **Deposit Required** | **YES  NO** | Click or tap here to enter text. |  |
| **Balance** |  | Click or tap here to enter text. |  |
| **Donation to SHRM Foundation** | **YES  NO** | Click or tap here to enter text. |  |
| **Total Travel Reimbursement** |  | Click or tap here to enter text. |  |
| **Will You Require Hotel Accommodations?** | **YES  NO** | Click or tap here to enter text. |  |

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| **HR Topic(s)** | Click or tap here to enter text. | | | |
| **Title(s) of Presentation** | Click or tap here to enter text. | | | |
| **Program Description(s)** | Click or tap here to enter text. | | | |
| **Learning Objectives** | Click or tap here to enter text. | | | |
| **Does BGSHRM have your permission to** **post your presentation on the BGSHRM website for members to access after the meeting?** | **YES  NO** | | **Comments** | |
| Click or tap here to enter text. | |
| **Is this Program Certified by the HR Certification Institute?** | **YES  NO** | **If yes, please provide:**  **HRCI Activity ID**: Click or tap here to enter text. | | |
| **SHRM Chapter/Location**: Click or tap here to enter text. | | |
| **Date**: Click or tap here to enter text. | | |
| **Is this Program Certified by SHRM?** | **YES  NO** | **If yes, please provide:**  **SHRM Activity ID**: Click or tap here to enter text. | | |
| **SHRM Chapter/Location**: Click or tap here to enter text. | | |
| **Date**: Click or tap here to enter text. | | |
| **Speaker Biography and Headshot** | **Please Attach.** | | | |
| **Proof of Performance** | Click or tap here to enter text. | | | |
| **Social Media Information** | **LinkedIn:** Click or tap here to enter text. | | | **Google+:** Click or tap here to enter text. |
| **Facebook** Click or tap here to enter text. | | | **Instagram:** Click or tap here to enter text. |
| **Twitter:** Click or tap here to enter text. | | | **Other:** Click or tap here to enter text. |
| **YouTube:** Click or tap here to enter text. | | | **Other:** Click or tap here to enter text. |