**2023 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* **Beverly Clemons,** *Programs Director, at* *beverly@cmiconsulting.com*- *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** |   |

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|  | **Requested Amount** | **Approved Amount** |
| **Travel Required** | [ ]  **YES** [ ]  **NO** |  |  |
| **Speaker Fee Required*****Note: if more than $600 please submit W-9*** | [ ]  **YES** [ ]  **NO** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Honorarium** | [ ]  **YES** [ ]  **NO** |  |  |
| **Deposit Required** | [ ]  **YES** [ ]  **NO** |  |  |
| **Balance** |  |  |  |
| **Donation to SHRM Foundation** | [ ]  **YES** [ ]  **NO** |  |  |
| **Total Travel Reimbursement** |  |  |  |
| **Will You Require Hotel Accommodations?** | [ ]  **YES** [ ]  **NO** |  |  |
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| **HR Topic(s)** | Click or tap here to enter text. |
| **Is this program virtual or in-person?** | Click or tap here to enter text. |
| **Title(s) of Presentation** | Click or tap here to enter text. |
| **Marketing & Promotional Blurb** | Click or tap here to enter text. |
| **Program Description** | Click or tap here to enter text. |
| **Learning Objectives** | Click or tap here to enter text. |
| **Length of Presentation** | [ ]  **1 hour** [ ]  **90 minutes** [ ]  **2 hours** [ ]  **Other \_\_\_\_\_\_\_** |
| **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. |
| **Does BG-SHRM have your permission to film and record your presentation to share with our members virtually?** | [ ]  **YES** [ ]  **NO** | **Type digital signature here** |
| **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**:  |
| **Date**:  |
| **Is this Program Certified by SHRM?** | [ ]  **YES** [ ]  **NO** | **If yes, please provide:****SHRM Activity ID**:  |
| **SHRM Chapter/Location**: Click or tap here to enter text. |
| **Date**: Click or tap here to enter text. |
| **Speaker Biography** | Click or tap here to enter text. |
| **Speaker Headshot** | **Please insert here.** |
| **Proof of Performance** | Click or tap here to enter text. |
| **Social Media Information** | **LinkedIn:**  | **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. |
| **Would you like a separate display table?** | [ ]  **YES** [ ]  **NO** |  |