

OAHQ SPEAKERS BUREAU INTEREST FORM

First Name: _____ Last Name: _____

Organization: _____ Title: _____

Work Phone: (____) ____ - ____ Home Phone: (____) ____ - ____

Address: _____

City: _____ State: _____ Zip: _____ Area: _____

Area(s) of expertise/presentation(s):

Area willing to travel: _____

Willing to speak free on behalf of OAHQ with expenses paid? Yes____ No____

If no, what is your fee? _____

Presentation has been awarded ONA or CPHQ C.E.'s? Yes____ No____