*Please complete each field as directed. Click the box to insert text or to select one of the listed options. The box will expand as you type.*
**Submit the completed form to** **info@MNCHA.org**

**SPEAKER INFORMATION**

|  |  |
| --- | --- |
| Lead Speaker  |       |
| Co-Speaker*(If Applicable)* |       |
| Job Title |       |
| Company |       |
| Address |       | Suite |       |
| City |       | State |       | Zip |       |
| Phone |       | Cell |       |
| Email |       |
| Education Degree |       |
| How long in position? |       |

**CONTACT, OTHER THAN SPEAKER *(if applicable)***

|  |  |
| --- | --- |
| Contact |       |
| Phone |       | Email |       |

 **PRESENTATION DETAILS**

|  |  |
| --- | --- |
| Presentation Title |       |
| Presentation Length |       |

**TARGET AUDIENCE (click all that apply)**

### [ ]  Home Health Agency (HHA)

### [ ]  Private Duty Provider

### [ ]  Durable Medical Equipment

**SPEAKER FEES AND TRAVEL COSTS**

If you require any kind of reimbursement or fees please indicate below:

|  |  |
| --- | --- |
| Honorarium | $      |
| Travel | $      |

**PRESENTATION DESCRIPTION**

Presentation Abstracts are limited to 150 words, including presentation content, description, and how it will benefit our members in the workplace.

**SPEAKER BIOGRAPHY**

Professional biographical sketch for primary presenter that will be included in promotional and printed materials **(limited to 150 words).**