



SPEAKER INFORMATION

FIRST NAME		LAST NAME	
JOB TITLE		PROFESSIONAL DESIGNATIONS	
COMPANY / ORGANIZATION			
MAILING ADDRESS			
CITY		STATE / PROVINCE	
ZIP/POSTAL CODE		COUNTRY	
PHONE NUMBER		FAX NUMBER	
E-MAIL ADDRESS			
I have presented for BFMA before <input type="checkbox"/> Yes <input type="checkbox"/> No			
Days you are available to present <input type="checkbox"/> Any Day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday			
REPLACEMENT SPEAKER (in my absence)		PHONE NUMBER	

SPEAKER BIOGRAPHY (one paragraph, 100 words or fewer)

SESSION INFORMATION

SESSION TITLE		
CATEGORY (check one) <input type="checkbox"/> Design and Development <input type="checkbox"/> Forms Management <input type="checkbox"/> Personal Development <input type="checkbox"/> Process / Workflow		
TYPE (check all that apply) <input type="checkbox"/> Lecture <input type="checkbox"/> Case Study <input type="checkbox"/> Workshop <input type="checkbox"/> Technical Demonstration <input type="checkbox"/> Product Oriented Name: _____		
LEVEL <input type="checkbox"/> Introductory <input type="checkbox"/> Experienced <input type="checkbox"/> Advanced	LENGTH <input type="checkbox"/> 45 minutes <input type="checkbox"/> 90 minutes	HISTORY <input type="checkbox"/> New <input type="checkbox"/> Repeat <input type="checkbox"/> Revised Dates Taught: _____
I WILL PRESENT THIS CLASS FOR THE FOLLOWING: <input type="checkbox"/> Document Strategy Forum		

SESSION ABSTRACT (one paragraph, 150 words or fewer)

I understand that speakers are required to provide handouts for their classes. If accepted, I will submit a minimum of a 2-page paper on my presentation for conference proceedings. I understand that if I am unable to attend, it is my responsibility to arrange for a replacement speaker for my session.

Speaker Signature: _____ Date: _____