



Address: 1100 E Hector Street, Suite 460
Conshohocken, PA 19428
Phone: (610) 783-1315
Web: www.cai-padelval.org

Chapter Speaker's Bureau Application

Please fill out the information below. All information must be filled in for this application to be accepted.

Name: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Member ID Number: _____ (Current membership is required)

Company/Community website: _____

Please provide a brief profile of your company.

Please indicate your area(s) of expertise:

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Engineering/Reserves | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Community management | <input type="checkbox"/> Governance/Leadership | <input type="checkbox"/> Legal/Legislative |
| <input type="checkbox"/> Construction/Maintenance | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Transition |

Please provide a brief bio of yourself including education, employment and relevant organizations to which you belong. You may attach this information on a separate sheet of paper.



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Please list previous speaking engagements, sponsoring organization and the topic of your presentation.

Date	Sponsor	Topic(s)+
1.		
2.		
3.		

Speaker Release and Acknowledgement

I hereby apply for membership in CAI Keystone Chapter's Speaker's Bureau. By my signature below I acknowledge that membership in the speaker's bureau is contingent upon my membership remaining current with the chapter. I further acknowledge that if my membership should lapse, and scheduled speaking engagement will be revoked by the chapter.

I warrant and represent that, to the best of my knowledge, nothing in my presentation(s) violates any proprietary rights of others (including, without limitation, any copyrights or privacy rights); and that my presentation(s) is factually accurate, and contains nothing libelous or otherwise unlawful. I further warrant and represent that my presentation(s) is (are) an original work, that I have the right and authority to make this Release and that I am the sole owner of copyright or that I have obtained all necessary permissions or licenses from any persons or organizations whose materials are included or used in my presentation(s). I understand that I will not receive any royalty or other compensation from CAI for my speaking services. I understand that this Release does not prohibit me from using my presentation(s) in the future in my professional or personal work. I authorize CAI to use my name, likeness, photograph, and biographical data in connection with the use and promotion of the educational program(s) or event(s) and my presentation(s).

Name of Applicant/Speaker (print): _____

Signature: _____

Date: _____ (Your application is not complete unless signed and dated.)

Please return to: Keystone Chapter CAI
1100 E Hector Street, Suite 460
Conshohocken, PA 19428

Or, fax this form to the chapter office at (610) 783-1318.

Or email this form to tony@cai-padelval.org.