



# National Association of Health Underwriters

Return application to : NAHU Speaking Opportunities 2000 N 14<sup>th</sup> Street , Ste 450 Arlington VA 22201 or Fax: 703-841-7797

## Speaker Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: ( ) E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Desired Fee: \$ \_\_\_\_\_  
Event Applied for: \_\_\_\_\_

Desired Fee: One Hour/Two Hour/Half Day/Full Day

Have you ever worked with NAHU? YES  NO  If so, when? \_\_\_\_\_

Are you willing to travel outside of your state YES  NO  If so, where? \_\_\_\_\_

Approved for CE in the following States: YES  NO

Exp. Date(s) \_\_\_\_\_

### Education

Designation: \_\_\_\_\_ Education Institution: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Designation: \_\_\_\_\_ Education Institution: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Institution: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

Please list three professional references or prior recruiters.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

<b><u>Please list your topic specialties:</u></b>

<b><u>Please list any future meetings of interest for participation:</u></b>

<b><u>Please list any professional affiliations:</u></b>

<b><u>Please list any written publications/articles:</u></b>

*Be advised that we will request further information upon review. You will most likely need to submit a short bio along with a jpg. photo.*