

## **PRSA Midwest District Speakers Bureau Application**

Thank you for your interest in becoming a part of the PRSA Midwest District Speakers' Bureau. Please complete the form below and send to Renee Robinson, APR, via fax to (816) 842-6340 or via e-mail to <a href="mailto:rrobinson@nicholsonkovac.com">rrobinson@nicholsonkovac.com</a>. We will contact you within 30 days to let you know if you have been selected as a Midwest District speaker. Feel free to attach supplemental information.

Business Address:		
State:	Zip:	
ax: E-mail:		
r: <u></u>	<sub>R</sub> Total Months	
ss:		
blic Relations Society of A	merica? Yes No	
gement and  Advertising rs  ation	Financial Public Relations Public Relations Counseling Marketing Employee Relations Special Events	
	State:State:State:State:State:State:	

## PRSA Midwest District Speakers Bureau Application (Continued)

Please list your preferred/desired s	peaking topics:
lease list your past speaking expe	riences, including venue, topic and reference (if available
Are you willing to travel for speakin	ng opportunities? Yes No
-	el?
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f so, what type of compensation do	o you require? Mark all that apply. ent (flight, mileage, hotel, meals, etc.)
Complete travel reimburseme Transportation costs only (flig	
Lodging costs only	, , , , , , , , , , , , , , , , , , , ,
Speaker's fee of	
None	
authorization:	
	ct speaker, I authorize the PRSA Midwest District to make public an
rormation included in this application. I a	also deem that all information provided is true, complete and accurate
Applicant Signature	Date: