



SPEAKER PROPOSAL FORM

The ACMP Carolinas Chapter is asking for your assistance in identifying potential topics and speakers for chapter events. If you have a topic and speaker you would like to nominate, please complete the information below so a member of the ACMP Events Committee can follow up. Thank you!

Speaker Name/Company Represented: _____

Speaker Email: _____ Phone: _____

ACMP Carolinas Sponsor/Contact: _____

Proposed Title of Presentation: _____

Brief Summary of Presentation Objectives/Outcomes:

Proposed Timing for Presentation (Month or Quarter and year): _____

Please confirm the following:

Speaker will address the group gratis (at no cost): () Yes () No

Speaker will cover any costs of presentation (e.g., travel, meals, etc.): () Yes () No

Speaker is willing to pay or secure a sponsorship in exchange for promotion: () Yes () No