CCA Speakers Bureau

(CCA Members Only)
Vita or Resume Required

Name_____ _____ _____
First Last Credentials

Topic(s) / Area(s) of Expertise / Attach Outline(s):
1._____
2._____
3._____
4._____
5._____
6._____
7._____
8._____
9._____
10._____

Your Requirements: Equipment Needs, Audience Size, Lead Time Needed, Fee Charged (If Negotiable Or If None), Length of Presentation.
_____
_____
_____
_____
_____
_____
_____
_____

Your Home Address: _____ _____ ____ _____
Street City State Zip

Your Work Address: _____ _____ ____ _____
Street City State Zip

Preferred Contact: _____Home _____Work

Telephone: (____) _____ (____)_____ (__)_____
Home Work Fax

Return Completed Form (With Resume/Vita & Outlines To:
Bob Schmidt 11 Serenity Lane, Sandy Hook, CT 06482
For Information: 203-426-1222 or serenitysh@aol.com