*Please complete each field as directed. Click the box to insert text or to select one of the listed options. The box will expand as you type.*   
**Submit the completed form to** [**info@MNCHA.org**](mailto:info@MNCHA.org)

**SPEAKER INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Lead Speaker |  | | | | | | |
| Co-Speaker *(If Applicable)* |  | | | | | | |
| Job Title |  | | | | | | |
| Company |  | | | | | | |
| Address |  | | | | Suite | |  |
| City |  | State |  | Zip | |  | |
| Phone |  | Cell |  | | | | |
| Email |  | | | | | | |
| Education Degree |  | | | | | | |
| How long in position? |  | | | | | | |

**CONTACT, OTHER THAN SPEAKER *(if applicable)***

|  |  |  |  |
| --- | --- | --- | --- |
| Contact |  | | |
| Phone |  | Email |  | |

**PRESENTATION DETAILS**

|  |  |
| --- | --- |
| Presentation Title |  |
| Presentation Length |  |

**TARGET AUDIENCE (click all that apply)**

### Home Health Agency (HHA)

### Private Duty Provider

### Durable Medical Equipment

**SPEAKER FEES AND TRAVEL COSTS**

If you require any kind of reimbursement or fees please indicate below:

|  |  |
| --- | --- |
| Honorarium | $ |
| Travel | $ |

**PRESENTATION DESCRIPTION**

Presentation Abstracts are limited to 150 words, including presentation content, description, and how it will benefit our members in the workplace.

**SPEAKER BIOGRAPHY**

Professional biographical sketch for primary presenter that will be included in promotional and printed materials **(limited to 150 words).**