



**NATIONAL ASSOCIATION OF INSURANCE
AND FINANCIAL ADVISORS – FLORIDA**
NAIFA-Florida Speaker Bureau Registration Form

NAME (Person completing the form):

ADDRESS:

PREFERRED CONTACT INFORMATION:

Phone:

Email:

RECOMMENDED SPEAKER NAME:

ADDRESS:

PREFERRED CONTACT INFORMATION:

Phone:

Email:

TOPIC:

TITLE:

LENGTH OF PRESENTATION:

DESCRIPTION (2 to 3 paragraphs, may send as an additional attachment):

LOCATION/REGION AVAILABLE:

EQUIPMENT/AV NEEDS:

ADDITIONAL INFORMATION/QUESTIONS:

*Please submit completed form, speaker bio, picture, and any other additional information to
admin@naifa-florida.org*