



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

NAME (Person completing the form):

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ADDRESS:

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PREFERRED CONTACT INFORMATION:

Phone:

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Email:

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RECOMMENDED SPEAKER NAME:

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ADDRESS:

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PREFERRED CONTACT INFORMATION:

Phone:

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Email:

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TOPIC:

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TITLE:

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LENGTH OF PRESENTATION:

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

LOCATION/REGION AVAILABLE:

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EQUIPMENT/AV NEEDS:

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ADDITIONAL INFORMATION/QUESTIONS:

*Please submit completed form, speaker bio, picture, and any other additional information to  
[admin@naifa-florida.org](mailto:admin@naifa-florida.org)*