NAWBO – Learning Lab Request Form- NAWBO Members Only

Please complete and return completed forms to:
NAWBO Programming Chair, juliekimble@kimbleconsult.com Speakers and topics will be reviewed by the NAWBO programming committee.

NAME & CONTACT INFORMATION OF PERSON COMPLETING THIS FORM	**NAME:** _____ **COMPANY:** _____ **EMAIL:** _____ **PHONE:** _____
SPEAKER NAME(S) & TITLE	**SPEAKER 1:** _____ **SPEAKER 2:** _____ **SPEAKER 3:** _____
SPEAKER(S) COMPANY & CONTACT INFORMATION	**SPEAKER 1:** _____ **SPEAKER 2:** _____ **SPEAKER 3:** _____
THE SPEAKER IS A NAWBO MEMBER/SPONSOR/NON-MEMBER	**SPEAKER(S):** ☐ **NAWBO MN MEMBER** **Y** ☐**s** ☐
HAS THE SPEAKER BEEN A NAWBO SPEAKER BEFORE?	☐ **YES** ☐ **NO** **WHEN:** _____
IS SPEAKER PROPOSING A FEE? IF SO, WHAT IS THE AMOUNT?	☐ **YES** ☐ **NO** **AMOUNT:**_____
PRESENTATION TITLE	
WILL THERE BE A SEPARATE MODERATOR? IF SO, WHO?	
SHORT DESCRIPTION (INCLUDE SPEAKER CREDENTIALS)	
TOPIC	
LENGTH (minutes)	

What are the top three take-aways participants will learn during your presentation?

#1	
#2	
#3	

Please indicate the audience which would be most appropriate for your presentation information (ex: Solo Business Owners, Businesses with 2-50 employees, Businesses with more than 50 employees, Professionals, etc.)

Target Audience	

**Abstracts and full descriptions will be requested at a later date for use in our event marketing material should your topic be selected.*