

Call for Speakers - 2015

Center for Risk Management



Print Form

Submit by Email

Speaker Information

First Name

Last Name

Mailing Address

City

State

Zip

Work Phone

Cell Phone

Home Phone

Email

Proposed Class Information

Course Title

Course
Description

Have you taught this class before?

☐ Yes

☐ No

If yes, When?

Where?

Please choose one or more dates that you would be available to present the course:

☒ February 6

☒ April 10

☒ June 12

☐ August 7

☐ October 9

☐ November 20

☒ February 20

☒ April 24

☐ June 26

☐ August 21

☐ October 23

☐ December 4

☒ March 6

☒ May 8

☐ July 10

☐ September 11

☐ November 6

☒ March 27

☒ May 29

☐ July 24

☐ September 25

☐ I would like to be considered for future dates as they become available.

Please submit this form, along with the following documents to RiskManagement@com.edu or Fax to (409) 933-8027.

* Current Resume, Biography, References including contact information for those that have seen you speak/present.