

# Call for Speakers - 2015

## Center for Risk Management



### 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.