

## **Speaker Application**

WIFS (Women in Insurance and Financial Services) accepts speaker applications for its webinar and national conference programming. To be considered, all requested information must be submitted. Incomplete submissions will not be considered. Please type all information.

| PERSONAL INFORMATION                |                |           |  |  |
|-------------------------------------|----------------|-----------|--|--|
| Contact Information                 |                |           |  |  |
| Full Name                           | Designation(s) |           | Title  |  |
| Company                             | Email          |           | Website  |  |
| Street Address                      | City/State/Zip |           | Phone  |  |
| Assistant's Name                    | Assistan       | t's Phone | Assistant's Email                                  |  |
| Are you a WIFS Member?              | Yes            | No        |  |  |
| Do you belong to a WIFS Chapter?    | Yes            | No        | If Yes, which Chapter?                             |  |
| may be published in WIFS Materials. |                |           | I. If your application is accepted, this biography |  |
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## **AREAS OF EXPERTISE**

## Please select your top three (3) areas of speaking expertise:

Public Speaking Motivational/Inspirational Networking Marketing Financial Planning Social Media

Leadership & Culture Estate Planning Prospecting & Client Development

Recruiting & Selection Retirement Planning Sales & Ideas

Team Building Practice Management Business Succession/Business Planning

## PRESENTATION RECOMMENDATION

| Suggested Title:  |
|---|
| <b>Description</b> Please provide a 150-word (maximum) summary.   |
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| <b>Outcomes</b> Please describe in detail what specific management tools, resources, or skills the audience will take away from your presentation (e.g., selection tools, marketing systems, custom processes, etc.). |
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| Application  How will participants be able to use this new information on the job? |  |   |  |  |
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|  | niece (20-25 words) or list two or three k       | ey points that should be included in a              |  |  |
|  |  |   |  |  |
|  |  |   |  |  |
| Presentation History To whom have you present                                      | ed this or a similar presentation? Please  State | list city, state, and audience size.  Audience Size |  |  |
| City   | State  | Audience Size                                       |  |  |
| City   | State  | Audience Size                                       |  |  |
| Speaking References (Cont  | act Information Required)                        |   |  |  |
| Reference Name   | Phone Number                                     | Email   |  |  |
| Reference Name   | Phone Number                                     | Email   |  |  |
| Reference Name   | Phone Number                                     | Email   |  |  |
| Please send your complete  |  | in Insurance & Financial Services                   |  |  |

136 Everett Road Albany, New York 12205

Applications also excepted by email at events@wifsnational.org

For additional information regarding WIFS speaking opportunities, please contact WIFS staff at 866.264.9437or by emailing your questions to events@wifsnational.org.