



Lealman Community Emergency Response Team

Phone: (727) 526-5650

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2009 CERT/VOAD Hurricane Conference Speaker Registration Form

Contact Information:

- ◆ Name: _____ Phone: (____) _____
- ◆ Address: _____
- ◆ City, State, Zip Code: _____
- ◆ Email Address: _____

Training Suggestion/Topic

- ◆ Please provide a brief overview of the training topic to be covered: _____

- ◆ What format do you believe is best suited for this topic?
____ 50-minute Local-impact presentation ____ 50-minute National-impact presentation
____ 110-minute Local-impact Exercise ____ National-impact Keynote Address
- ◆ Please describe your instructional needs, i.e. – Audio/visual, printing of handouts, etc.

By submitting this registration form, you acknowledge that:

- ◆ You are responsible for your travel expenses,
- ◆ If selected as a local-impact presenter, you may be asked to present up to two times,
- ◆ If selected as a national-impact presenter, your presentation will be recorded and broadcasted live and expect no monetary gain from such product, and
- ◆ You must submit your presentation needs by April 15th 2009 in order to fulfill our obligation.