

The Delta Kappa Gamma Society International International Speakers Fund

Speaker's Application

Note: This form is interactive and should be completed electronically. This is the form that state organizations will view to request an International Speaker. The application must be completed in English.

VERY IMPORTANT: Use only the space provided.



Name: _____

Postal Address: _____
(Street Name/P.O. Box, City, State/Province, Postal/Zip Code, Country)

Preferred Phone: _____
(include area and international codes)

E-mail: _____ Fax: _____

Academic Qualifications (Degrees/Certificates/or Diplomas): _____

Language(s) spoken proficiently (number in order of preference)

_____ English _____ Spanish

I. ~~Topics about which you are willing to speak:~~ ^{Other (be specific)} _____

Primary topic: _____

Other topics offered: 1. _____
2. _____

Brief Description of primary topic:

Presentation format: Keynote Discussion Group Seminar
 Workshop Demonstrations Other: _____

List below any technological resources required by speaker. If required, presenter must provide laptop.

II. Speaking experiences:

III. If selected as a speaker, I am unavailable for these specific dates:

IV. Professional background:

V. List special needs such as dietary, travel, accommodation

By entering my name below I am indicating my intent to electronically sign this application/form and warrant that all of the information I have provided is true, complete and accurate.

*Applicant's Signature

Date

<p>Recommendations (please type your name in the spaces below to electronically sign this form):</p>	
<p>_____ *Chapter President's Electronic Signature</p>	<p>_____ Date</p>
<p>*Comment on a presentation(s) you have heard by this speaker:</p> <p>_____</p> <p>_____</p>	
<p>_____ *State Organization President's Electronic Signature</p>	<p>_____ Date</p>
<p>*Comment on a presentation(s) you have heard by this speaker:</p> <p>_____</p>	

*** Required**

TO: APPLICANT

This completed application must be sent by e-mail to your state organization president **BY** September 1.

TO: STATE ORGANIZATION PRESIDENT

Send electronically by e-mail only to isfapp@dkg.org, at Society headquarters **to be received by September 15.**