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**SPEAKER APPLICATION FORM**

Thank you for your interest in speaking at a future Annual Conference of the Illinois Activity Professionals Association.

Activity professionals, CNAs, social workers and administrators from all over Illinois attend this annual conference. Our participants are from a variety of health-care residencies.

Name:

Address:

Phone: Email:

Field of Expertise:

Education:

Time in Industry:

Presentation Topic with Brief Description:

* **Speaker will be responsible for providing handout at time of presentation.** If you would like for us to publish your handout/presentation on our web site, please bring a thumb drive with you to the Conference.
* Please email form to waecje@gmail.com

You will be contacted with approval or denial of your application.

Please feel free to contact me with any questions or concerns regarding your presentation.

Sincerely,

DEB GREINER

Education Chairperson

(773) 744-8138