

LEADERSHIP *Ashland*

LA CLASS SPEAKER / PRESENTER - INFORMATION FORM

Professional Information about Speaker / Presenter

Name: _____
Title or Position: _____
Employment: _____
Mailing Address: _____
Phone: _____ Fax: _____ Email: _____

Background Information about Speaker / Presenter

Education: _____

Community Involvement: _____

Other information pertinent to your introduction: _____

Presentation Requirements – Please check:

<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Screen
<input type="checkbox"/> TV/VCR	<input type="checkbox"/> TV/DVD
<input type="checkbox"/> Computer	<input type="checkbox"/> LCD Projector
<input type="checkbox"/> Dry Erase Marker Board	<input type="checkbox"/> Newsprint
<input type="checkbox"/> Easel	<input type="checkbox"/> Other _____

If you have questions about this form or need further instruction, please contact the Leadership Ashland Executive Director at (419) 281-4584 ext. 105 or email us at: leadershipashland@ashlandoh.com

