



SPEAKER INTEREST FORM

Greater Lorain County Society for Human Resource Management

Speaker Name(s): _____

Contact Name (if different than above): _____

Company / Organization: _____

Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

If you would like any other email addresses to be cc'd on the communications please list add'l email(s):

SOCIAL MEDIA INFORMATION

Website: _____

Twitter handle: _____

LinkedIn Address: _____

Facebook page: _____

Other social media info if applicable: _____

Title of Proposed session: _____

Overview *(provide details here or submit attachment):*

Category:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Recruitment | <input type="checkbox"/> Diversity & inclusion | <input type="checkbox"/> Recognition / Employee Engagement |
| <input type="checkbox"/> Wellness | <input type="checkbox"/> Training & Development | <input type="checkbox"/> Compensation & Benefits |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Legal / Compliance | <input type="checkbox"/> HR Tools & Technology |
| <input type="checkbox"/> Other: _____ | | |

Groups you have presented this topic to in the past: _____

Are you scheduled to present this topic in the near future? If so please provide event details (date, location, time, etc.): _____

Has this session been previously approved for recertification? ___ Yes ___ No.

If yes:

Was it approved for general credit or strategic credit? _____

Please provide the Program ID# from the approved session:

HRCI: _____ SHRM: _____

Please provide the name/phone number/email of THREE references:

1. _____

2. _____

3. _____

Completed form should be returned to GLCCSHRM@yahoo.com, attention Programming.

Thank you for your interest in our chapter!

www.glccshrm.com