



MHAPBC Speakers Bureau Presenter Application Form

Yes, I would like to be listed in the Mental Health Association of Palm Beach County Speakers Bureau as a presenter. I understand that individuals selected for inclusion in the bureau are screened, and application does not automatically mean selection. Also, I understand and give permission for the selection committee to obtain information from persons who I have listed as being able to supply recommendations.

Please **print** all information:

Name: _____ Are you an MHAPBC member?: _____

Contact Address: _____

☎ Contact Phone Number: _____ 📧 Contact Email: _____

1. Indicate the topics that you would like to present on.

1. If you have made presentations in the past, please print below the titles, sites and dates of your most recent presentations (5 maximum)

2. Please give the full name and address of two people who you feel could best recommend you as a speaker for the areas of expertise you note below.

Recommender's Name: _____

Email address: _____ Contact Phone #: _____

Recommender's Name: _____

Email address: _____ Contact Phone #: _____

Waiver: Views expressed by the MHAPBC Speakers Bureau presenters are those of the speaker and not of the MHAPBC. MHAPBC assumes no responsibility for the content or delivery of Speakers Bureau presenters.

Applicant's Signature _____ *Date* _____

Please return completed form to Speakers Bureau, Mental Health Association of Palm Beach County, 909 Fern Street, West Palm Beach, FL 33401 or email to elocke@mhapbc.org.