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| [Description: Brain Injury Resource Center of Wisconsin](http://bircofwi.org/) | | **SPEAKERS BUREAU**  **APPLICATION** | | | | |
| Please fill in the following form and submit. | | | | | | |
| Name: | | | | | | |
| Home Address: | | | | | | |
| City: | | | | State: | | Zip: |
| Home Phone: | Cell Phone: | | | Home E-mail: | | |
|  | | | | | | |
| Employer: | | | | Title: | | |
| Work Address: | | | | | | |
| City: | | | State: | | | Zip: |
| Work Phone: | Work Fax: | | Work E-mail: | | | |
| **MAIN AREA OF EXPERTISE** | | | | | | |
| \_\_\_\_Brain Injury Survivor  \_\_\_\_Family Member/Loved One of Brain Injury Survivor  \_\_\_\_Brain Injury Advocate  \_\_\_\_Physician/Medical professional  \_\_\_\_Legal  \_\_\_\_Psychologist/Psychiatrist/Counselor  \_\_\_\_ADRC Provider  \_\_\_\_Clergy/Spiritual  \_\_\_\_Motivational Speaker  \_\_\_\_Family Care/IRIS Representative | | | | | \_\_\_\_Prevention  \_\_\_\_Educator  \_\_\_\_Social Services provider  \_\_\_\_Rehabilitation provider  \_\_\_\_Funding  \_\_\_\_Depression/Coping Skills  \_\_\_\_Vocational  \_\_\_\_Other: Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| Please provide a brief synopsis of your experience with brain injury:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If you provide professional services, please provide a brief synopsis of your qualifications and experience:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Have you given presentations or spoken before groups or in panel discussions? \_\_\_YES \_\_\_NO |
| Please rate your level of experience: \_\_\_beginner \_\_\_intermediate \_\_\_advanced |
| Speaking availability (please cite specific days per category):  Weekdays: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evenings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekends:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Would you be willing to speak in your hometown area? \_\_\_YES \_\_\_NO  Please indicate how many miles you would be willing to travel (one way): \_\_\_\_Miles |
| **Please e-mail this form to admin@bircofwi.org or fax to: (262) 436-1747**  BIRCofWI reserves the right to refuse any persons or groups the opportunity to participate in the Speakers Bureau. Participation in the Speakers Bureau is on a volunteer basis. |