|  |  |
| --- | --- |
| Description: Brain Injury Resource Center of Wisconsin | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
|  |
| 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 \_\_\_NOPlease 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. |