

**SPEAKER & EDUCATIONAL
PROGRAM CONTENT INFORMATION
ASSOCIATION OF SURGICAL TECHNOLOGISTS**

Attention State Assembly Contact Person: Keep on file for Annual Report and Audit purposes.

Program Sponsor Information: Complete prior to forwarding this form to speaker

State Assembly: _____

Presentation Date(s) & Time: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ E-mail: _____

Speaker Information

Speaker: Please complete this form and return it to the contact person listed above. Your name and degrees should be written exactly as you want them to appear in the program listing.

Speaker Name & Credentials: _____

Professional Title: _____

Organization/Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ E-mail: _____

___ I am pleased to accept your invitation to give an educational presentation.

___ At this time I must decline your invitation to speak at your educational event.

Presentation Information

Presentation Title: _____

Has this previously been approved for CE/CME credit? Yes _____ No _____

If yes, which CE category? _____

It is the responsibility of the speaker to make copies of any handouts that will be provided to participants.

Briefly describe the content of the presentation:

Please list three learning objectives for the program listing. Please state the objectives in terms of “define, identify, select, evaluate, differentiate, describe, etc.”. The Learner will:

1. _____

2. _____

3. _____

Audiovisual Requirements

Please also indicate the number needed, i.e. two screens, etc.

___ Slider Projector(s)

___ Overhead Projector

___ Screen (s)

___ TV Monitor(s)

___ VCR

___ Pointer

Other: _____

Speaker Biographical Information

A curriculum vitae may be attached to this form in place of some or all of this portion.

Brief Statement of Profession/Employment:

Education & Degrees:

Other Specialized Training, Experience, Activities, Professional Affiliations, etc.:

Speaker Signature: By agreeing to speak, I acknowledge that the views and opinions expressed in this presentation are mine; therefore, I agree to hold harmless AST and/or AST State Assembly from any claims or damages that might result from my presentation.

Signature: _____ **Date:** _____

Revised 8-3-04