Speakers' Bureau Registration Form

Name: _____

Address: _____City:_____ Zip: _____

Tel: (home) _____ (work) _____ Best time to contact: _____

Title/Brief description of your work_____

_____

Type of groups desired (schools, community, professional, etc) _____

Time available: Day of Week Time

Weekdays:

Weeknights:

Weekends:

Available on short notice? Yes _____No_____ Lead time needed: _____

Miami-Dade Transit Service: _____Years: From _____to_____

Knowledge of Transit initiatives: Yes_____ No_____

Language(s) spoken: _____ Special skills: _____

Preferred topic(s) for presentation_____

Type of presentation (check all appropriate types):

_____Discussion/Lecture _____Town Hall meeting _____Panelist ____ Speaker

Length of Presentation; _____Set-up time: _____ Take-down time: ___

Additional Information or Comments:_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____