



OBCAI Webinar Speaker Questionnaire

Name: _____ Title: _____

Topic/Title: _____

Summary: _____

Email: _____

Company: _____

Address: _____

City: _____ State: _____

Country: _____ Zip: _____

<input type="checkbox"/> Yes*	<input type="checkbox"/> No	Will you be using a PowerPoint presentation? *If yes, please attach and return with this form.
<input type="checkbox"/> Yes*	<input type="checkbox"/> No	Would you like a post-presentation survey? *If yes, please note below any questions you would like included.
<input type="checkbox"/> Yes*	<input type="checkbox"/> No	Would you like to make a free recording of your presentation made available to Webinar participants? (Recordings include audio/visual of presentation.)
<input type="checkbox"/> Yes*	<input type="checkbox"/> No	Would you like to make your Power Point presentation? (Power Point download is of slides only; no audio.)

OBCAI Webinar Speaker Checklist

<input type="checkbox"/>	PowerPoint Presentation
<input type="checkbox"/>	Bio
<input type="checkbox"/>	Photo
Date EST Time	Please provide a date/time when you are available for a trial/practice Webinar presentation
<input type="checkbox"/>	Other documents you would like to make available to participants