

Speaker Proposal form

**Please complete the entire form and return it with all speaker bios to the HFMA Texas Lone Star Chapter**

Speaker Contact Information

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| Speaker Name:  |
| Company / Organization: |
| Title / Position:  |
| Street Address:  |
| City/State/Zip:  |
| Phone:  | Fax:  | Cell:  |
| Email:  |
| Assistant Name/Email: Course#:  |
| Co-presenter Name:  |
| Company / Organization:  |
| Title / Position:  |
| Street Address:  |
| City/State/Zip:  |
| Phone  | Fax:  | Cell:  |
| Email:  |
| Assistant Name/Email:  |

Session Information

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| **Topic Title** – Please provide a “catchy”, marketable title for the presentation:  |
| **Course Description** – Please describe the topic: What will be covered, who should attend, why it will be of benefit to attendees (attach additional sheet if necessary): Invited guest.  |
| **Course Objectives:**  |
| **Level of Course:** |  | Entry |  |  | Intermediate |  |  | Advanced |
| **Target Audience:** e.g., Accountant, Controller, C-Level, HIM, Bus Off, Operations, Clinical Staff,  |
| **Length of Presentation:** Please note all sessions must be a minimum of 50 minutes |
| **Are you able to present with a Provider organization?** \_\_\_ Yes \_\_\_\_\_\_ No |

Speaker Information

**Biography:** Please provide a brief biography that highlights your qualifications to present to topic material.