

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

|  |  |  |
| --- | --- | --- |
| 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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.