

**Healthcare Financial Management Association  
Washington-Alaska Chapter  
Speaker Data Sheet**

Program Chair:	Vincent Stevens		
<b>SPEAKER TO PROVIDE TOPIC TITLE AND CONTACT INFO</b>			
Topic:			
Speaker Name:			
Speaker Title:			
Speaker Organization:			
Speaker Email:			
Speaker Cell:			
Speaker 2 Name:			
Speaker 2 Title:			
Speaker 2 Organization:			
Speaker 2 Email:			
Speaker 2 Cell:			
<b>TO BE COMPLETED BY HFMA REPRESENTATIVE</b>			
Date & Time:			
Topic Length of Time:			
HFMA Contact:		Date confirmation letter/e-mail sent:	
Introduced by:			
<b>TO BE COMPLETED BY SPEAKER</b>			
Presentation Title and Description (please limit to 50 words or less):			
Brief speaker bio and speaker picture for brochure (please limit to 50 words or less):			

Presentation Take-a-ways:			
▪			
Speaker fee:	\$0	Speaker expense estimate:	\$0
Level of Presentation:	<input type="checkbox"/>	Beginner	<input type="checkbox"/>
		Intermediate	<input type="checkbox"/>
		Advanced	<input type="checkbox"/>
Presentations will be posted to the chapter website and a link sent to registrants. Please email presentation <b>two weeks prior</b> to the session date to your program contact			
AV Requirements: Mark as needed			
LCD	<input type="checkbox"/>	Flip Chart	<input type="checkbox"/>
		# of Mics	<input type="checkbox"/>
		Other:	<input type="checkbox"/>