



Toastmasters Int'l – District 39

www.district39.org

Speakers' Bureau Speaker Application

APPLICANT:

Name _____

Organization/Business: _____

Profession: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____ Web site: _____

TOASTMASTERS BACKGROUND:

Current club(s): _____

Offices served: _____

yrs: ____ Highest Designation: CTM ATM-B ATM-S ATM-G DTM Year: ____

TLI workshop(s) & year presented: _____

LOGISTICS:

Weekdays available: Mon. Tues. Wed. Thurs. Fri.

Specify times available: anytime; lunch _____; after _____; before _____

Weekends: Sat. Sun.; Specify time(s): _____

Traveling range: _____

Honorarium required? No; Yes \$ _____; depends: _____

Other comments: _____

REFERENCES: (please attach letter of reference from at least one Toastmaster)

Name	How this person knows you?	Phone	E-mail

COMMENTS & ADDITIONAL INFORMATION:

Please include any additional comments or biographical background below or on a separate sheet.

Please contact us by fax or e-mail. You will be contacted within 1 week...Thank you!

District 39 Speakers' Bureau Chair: Brenda Roper, DTM

Email: d39speakersbureau@yahoo.com

Phone: (916) 265-6040

Fax: (916) 265-6040