



Application for _____ (year) Workshop



Fones Clinical Educator's Workshop Speaker Application Form

Name & Credentials:

Job Title

Company/Educational Institution:

Address:

City, State Zip:

Phone:

Fax:

Email:

Topic Area:

Suggested Session Title:

Please provide a Course Description of the topic you would like to present for the Workshop brochure (limit to 120 words):

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Learning Objectives

1)

2)

3)

4)

Presentation Format: Lecture Hands-on/Clinical Demonstration in classroom
Check all which apply
 Group activity/Discussion

Length of Session (minutes): 60 90 120 Other _____

Describe breakdown of lecture/Clinical time, if applicable _____

Prior Speaking and Educational Engagements (list recent):

Biographical sketch as you would like it to appear in the brochure (Please limit to 120 words)

Please attach your current résumé/curriculum vitae. We will request a “headshot” photo when needed.

Please email to sstramos@bridgeport.edu or laurag@bridgeport.edu. Thank you for your time and interest!

Note: Conference agendas are planned months prior to the conference date. If the Workshop you are interested in speaking at has already been planned for the current year, your application will be considered for the following year’s agenda. Speaker applicants will be contacted if selected to speak.