



Speakers Bureau Registration Form

Thank you for your interest in participating in the EAA Speakers Bureau. Please complete the following form to be registered and posted to this new on-line resource. NOTE: Items marked with an asterisks (*) will be posted to the web.

*First Name: _____ *Last Name: _____ EAA #: _____

*Company: _____ *Title: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____ *Country: _____

*Phone #: _____ *E-Mail Address: _____

*Biography: (Please provide a brief paragraph on your background.)

***Presentations Topics (Please check all that apply):**

- | | | |
|---|---|--|
| <input type="checkbox"/> Aerobatics | <input type="checkbox"/> Flight Instruction | <input type="checkbox"/> Restoration &Vintage Aircraft |
| <input type="checkbox"/> Aircraft Manufacturer | <input type="checkbox"/> History | <input type="checkbox"/> Speed <input type="checkbox"/> Women/Families in Aviation |
| <input type="checkbox"/> Aviation Entertainment | <input type="checkbox"/> Homebuilding | <input type="checkbox"/> Sport Pilot |
| <input type="checkbox"/> Aviation Firsts | <input type="checkbox"/> IA Renewal | <input type="checkbox"/> Technology & Research |
| <input type="checkbox"/> Aviation Innovations | <input type="checkbox"/> Insurance | <input type="checkbox"/> Type Clubs |
| <input type="checkbox"/> Design | <input type="checkbox"/> Legal | <input type="checkbox"/> Ultralights |
| <input type="checkbox"/> Engines | <input type="checkbox"/> Medical | <input type="checkbox"/> Warbirds |
| <input type="checkbox"/> FAA Forum | <input type="checkbox"/> Ownership | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Family Aviation | <input type="checkbox"/> Piloting | <input type="checkbox"/> Workshops <input type="checkbox"/> Other _____ |

*Title(s) of Presentation: (Please limit title to 50 characters or less.)

*Presentation Title #1: _____

*Presentation Description #1: _____

*Presentation Title #2: _____

*Presentation Description #2: _____

*Presentation Title #3: _____

*Presentation Description #3: _____

Please turn over and complete page 2



Select Speaking Locations By State (check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania | |

International

- | | | | |
|------------------------------------|----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Canada | <input type="checkbox"/> Iceland | <input type="checkbox"/> Netherlands | <input type="checkbox"/> Other |
| <input type="checkbox"/> Argentina | <input type="checkbox"/> Ireland | <input type="checkbox"/> Norway | _____ |
| <input type="checkbox"/> Australia | <input type="checkbox"/> Italy | <input type="checkbox"/> Spain | |
| <input type="checkbox"/> Denmark | <input type="checkbox"/> Japan | <input type="checkbox"/> Sweden | |

Signature

Date

By signing this document I am giving the Experimental Aircraft Association authorization to utilize my individual contact information for the EAA Speakers Bureau and to work within the Speaker Guidelines. I understand that EAA may omit or remove my name and contact information at any time in its sole discretion for any reason whatsoever or for no reason.

Please return to: EAA Chapter Office, PO Box 3086, Oshkosh, WI 54903-3086

Registrations can also be completed on-line at:
<http://speakers.eaa.org/speakersbureau-bin/public/register>

Questions or comments? Send an e-mail to speakersbureau@eaa.org

Thank you for registering to participate in the EAA Speakers Bureau!