



2017 Call for Speaker Checklist Form

P.O. Box 29007

Henrico, Virginia 23242

804-316-5271

virginiamediationnetwork@gmail.com

Last Name: _____ First Name _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Submission Checklist for Speakers

- | | | |
|---|---|---|
| <input type="checkbox"/> Marketing Family Mediation | <input type="checkbox"/> Divorce & Separation | <input type="checkbox"/> Elder Mediation |
| <input type="checkbox"/> Children & Parenting | <input type="checkbox"/> Financial | <input type="checkbox"/> Ethics & Standards |

- Session Title: _____
- Session Description (One paragraph to be included in program marketing materials)
- Biography of Presenter(s) (One paragraph to be included in program marketing materials)
- ADR CME Application Completed & Signed.
- Handouts, worksheets, role plays, power point presentations, etc. that will be included in presentation.
- Will you need AV Support? _____
- Other supplies needed? _____

Speaker Proposals are being accepted until **March 31, 2017**. Full Presentations are required when submitting program proposal as these materials are needed for both the CME and CLE application process. Please return all materials to Virginia Mediation Network at :

virginiamediationnetwork@gmail.com

or mail documents to:

VMN

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