

**St. Cloud Area Chamber of Commerce
Speaker Form**

INSTRUCTIONS

- Please complete each question in full.
- Please feel free to attach support materials

Name _____

Last

First

MI

Company Name _____ Occupation _____

Business Address _____ Business Phone _____
Fax Number _____

City *State* *Zip* E-Mail Address

What topics are you interested in speaking about?

Why do you feel the above topics are important to St. Cloud Area Chamber members?

Who is your target audience?

How much time do you need to give an effective presentation?

On each topic that you have listed, what 3 things will your audience take away with them?

Does your presentation(s) include handouts for the audience?

Yes No

Are you willing to present at no charge?

Yes No

What specific skills/knowledge will the participants walk away with?

Recommendations:

Please list 2 people who are knowledgeable about your presentation performance

Name _____ Phone _____
Relationship _____ Address _____

Name _____ Phone _____
Relationship _____ Address _____

Please return to:

**St. Cloud Area Chamber of Commerce
Attn: Gail Ivers
PO Box 487
St. Cloud, MN 56302-0487**

or

**Fax to: 320-251-0081
E-mail: givers@StCloudAreaChamber.com
Attn: Gail Ivers
Office: 320-251-2940 x 109**