

## Takes You Further.®

BOB ADAMSON, CRS, GRI – Chairman of the Board RYAN T. CONRAD, CAE, CIPS, RCE – Chief Executive Officer

## Northern Virginia Association of REALTORS® Speaker Application Form

Cooches	Information			
Speaker	Information			
Name	Last	First	Middle	Date
Address _	Street			
_	City		State	Zip
Email Addr	ess		Phone	
Are you a r	nember of NVAR? □ Yes	□ No		
Program	Information			
Program/C	ourse Title			
Date(s) and	d Times Available to Offer Pr	ogram		
Program le	ngth			
This progra	am will attract the following a	udience:		
Reside	ential			
Comm	ercial			
Proper	ty Management			
Other _				
Has this p		ved for continuing	education credit for Virg	inia Real Estate Licensees?
Please pro	vide a description of your	program		
List three	primary objectives of the p	rogram		



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ociation of REALTORS°	
Video Demonstration – You must provide a 2-5 minute video demonstration as pany additional comments regarding the video (if applicable).	part of your application. Please provide
You must provide the following written materials for the program	
A comprehensive timed outline for the program	
A copy of the materials used and distributed, including books, handouts, par	mphlets, and power points
A copy of the proposed advertisement for the program (if available)	
References	
Indicate where and when you made your last three presentations. Please include number of the organization, topic and title of the program.	the date, contact name and phone
Miscellaneous Information	
Please indicate what if any audio/visual equipment you require and any special ro-	om set-up specifications.
Please indicate if you are seeking a speaking fee and if so, how much.	□ Yes (\$) □ No
Please indicate if you are seeking reimbursement for travel/meal expenses	□ Yes (\$) □ No
Have you ever been convicted of a felony (including while in military service)?	□ Yes □ No



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If yes, explain:				
Applicant's Statement				
READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW				
I, the undersigned, agree that this organization may make any lawful inquiry that it considers necessary to determine my eligibility to be a speaker for a NVAR endorsed educational program. I authorize this organization to seek and obtain from my references information related to my history, character, and qualifications as a speaker. I release this organization and all persons and entities furnishing such information to this organization from any liability arising from dissemination or publication of such information.				
All information provided in this application and any accompanying resurthe foregoing and I agree unconditionally to the foregoing.	ne is true and complete. I have read and understand			
Applicant Signature	Date			