

## Call for Speakers Program Submission Form

Please complete this form to the best of your ability.

### A. Session Information:

1. Working Title of Session: \_\_\_\_\_
  
2. Brief Outline of Topic & Session Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Learning Objective: (Why is it important to attend this session? What will attendees get out of it?)  
\_\_\_\_\_
  
4. Length of Session: (hours, minutes) \_\_\_\_\_
  
5. Expertise Level:
  - Level I: Assumes the participant has little or no knowledge of the areas covered.
  - Level II: Ideal for the participant with a general knowledge of the content covered.
  - Level III: Developed for the participant who has a thorough knowledge of the content covered.
  
6. Audience: (check all who would most benefit from this session.)
  - Financial Planning
  - Professional
  - Accountant
  - Attorney
  - Banker
  - Insurance Professional
  - Investment Manager
  - Planned Giving Specialist
  - Stockbroker/Registered Rep
  - Broker Dealer Executive
  - Wholesaler
  - Other \_\_\_\_\_
  
7. Subject Matter: (check all that apply)

<input type="checkbox"/> General Financial Planning	<input type="checkbox"/> Insurance Planning
<input type="checkbox"/> Retirement Planning	<input type="checkbox"/> Investment Planning
<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Tax Planning
<input type="checkbox"/> Ethics and Practice Standards	<input type="checkbox"/> Practice Management
<input type="checkbox"/> Gathering Client Data	
<input type="checkbox"/> Establishing and Defining the Client-Planner Relationship	
<input type="checkbox"/> Analyzing and Evaluating the Client's Financial Status	
<input type="checkbox"/> Developing and Presenting Financial Planning Recommendations and/or Alternatives	
<input type="checkbox"/> Implementing the Financial Planning Recommendations	
<input type="checkbox"/> Monitoring the Financial Planning Recommendations	
<input type="checkbox"/> Other _____	

8. Continuing Education Credit: (Has this session been previously approved for continuing education credit. Check only if your session has previously been approved. Choose all that apply.)

- CFP Board of Standards
- State Insurance CE; Which area(s)? \_\_\_\_\_
- PACE
- Legal
- NASBA

**B. Speaker Information**

9. Submitted By: \_\_\_\_\_

10. Speaker Name: (as it should appear, including professional designations) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Assistant Name, Phone Number & E-mail: (if applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Company Name: \_\_\_\_\_

13. Title: \_\_\_\_\_

14. Address: \_\_\_\_\_

15. Phone Number: \_\_\_\_\_

16. Fax Number: \_\_\_\_\_

17. E-mail: \_\_\_\_\_

18. References: (please provide details of previous speaking engagements for this speaker, including a contact if possible) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Cost: (what is your typical fee for speaking – if applicable and do you expect to be reimbursed for travel)

\_\_\_\_\_

20. Are you willing to waive this fee?       Yes                       No

**Please Return form by mail or email to:**

**Financial Planning Association of Greater Hudson Valley**

**Email:** [office@fpaghv.org](mailto:office@fpaghv.org)

**Administrative Offices Located at:**

**3900 Main Street NE**

**Columbia Heights, MN 55421**