

CAPITAL REGION HUMAN RESOURCE ASSOCIATION
Speaker Proposal – Monthly Programs



Please submit 1 proposal per topic

Presenter Name: _____

Title/Position: _____ Organization: _____

Email: _____ Phone: _____

Proposed Session Title: _____

Description:

Brief Speaker Bio:

Has this program previously been approved for SHRM or HRCI CE Credit?: Yes No

Have you presented for CRHRA in the past?: Yes No

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Please describe any SHRM or other relevant conference presentation experience:

Please Indicate the A/V equipment you will need:

Please outline any proposed speaking fees, including travel cost:

If you're interested in additional sponsorship opportunities, please provide contact information below:

Name: _____

Title/Position: _____ Organization: _____

Email: _____ Phone: _____

THANK YOU FOR YOUR INTEREST!

This submission will be reviewed by the CRHRA Programs Committee &
you will be contacted via the information provided.