

# SPEAKERS BUREAU



## Brain Injury Alliance of Montana

Attn: Speakers Bureau

1280 South 3<sup>rd</sup> Street West, Suite 4, Missoula, MT 59801

Phone: (406) 541-6442 FAX: (406) 541-4360

**\* Please print all information clearly \***

Name:	I prefer to be contacted at: Work ___ Home ___ *None ___
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Employer:	Title:
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Work Address:	County:
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City:	State:	Zip:
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Work Phone:	Work Fax:	Work E-mail:
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Home Address:	County:
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City:	State:	Zip:
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Home Phone:	Cell Phone:	Home E-mail:
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### Involvement with BIAMT (check all that apply)

\_\_\_ I am a supporting professional of the Alliance (donation of \$50 - \$100 annually)

\_\_\_ Person with a brain injury

\_\_\_ Family member of a person with a brain injury

Relationship: \_\_\_ Child \_\_\_ Parent \_\_\_ Sibling \_\_\_ Spouse \_\_\_ Other family member

\_\_\_ Professionals: (Please Check Specialty)

\_\_\_ Physician

\_\_\_ Therapist

\_\_\_ Brain injury advocate

\_\_\_ Attorney

\_\_\_ Social Services provider

\_\_\_ Educator

\_\_\_ Psychologist

\_\_\_ Rehabilitation provider

\_\_\_ Other: Please explain: \_\_\_\_\_

Practice Area/Specialty: \_\_\_\_\_

**Specific Areas of Expertise (check all that apply)**

Medical: Topic \_\_\_\_\_  
 Prevention: Topic \_\_\_\_\_  
 Care-giving: Topic \_\_\_\_\_  
 Rehab/Therapy: Topic \_\_\_\_\_  
 Education: Topic \_\_\_\_\_

Legal: Topic \_\_\_\_\_  
 Funding  
 Support Services: Topic \_\_\_\_\_  
 Vocational: Topic \_\_\_\_\_  
 Other: Topic \_\_\_\_\_

Please provide a brief synopsis of your experience with brain injury (please print directly onto this form):

If you provide professional services, please provide a brief synopsis of your qualifications and experience (please print directly onto this form):

Have you given presentations or spoken before groups or in panel discussions?      YES      NO

Is it OK for BIAMT to publish your contact information on our website?      YES      NO

Speaking availability (please cite specific days per category):

Weekdays: \_\_\_\_\_ Evenings: \_\_\_\_\_ Weekends: \_\_\_\_\_

List the three counties, in order of preference, in which you would be available to speak.

1<sup>st</sup> County: \_\_\_\_\_ 2<sup>nd</sup> County: \_\_\_\_\_ 3<sup>rd</sup> County: \_\_\_\_\_

Additional Counties: \_\_\_\_\_

\* I would rather be contacted by the Brain Injury Alliance of Montana.      YES      NO

We reserve the right to refuse any persons or groups the opportunity to be a member of the Brain Injury Speakers Bureau.

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Last update: October 2016