

## PROSPECTIVE SPEAKER INTEREST FORM



NTA is the leading trade association for international travel professionals. With NTA's diverse membership and progressive nature, its members look to the association as *the* place for education and business opportunities. NTA consistently seeks innovations for the services and business tools it provides to members. The NTA membership includes approximately 3,000 members from 48 countries. The diverse membership includes tour operators, supplier members (i.e. hotels, attractions, restaurants, etc.) and destination marketing organizations. We have several business and association community events each year. Completion of this form will help NTA consider you/your speaker for a session at one of these events.

### Speaker Representative Information (if applicable)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web address: \_\_\_\_\_

### Speaker Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web address: \_\_\_\_\_

### Fees

Keynote \_\_\_\_\_

Single Session \_\_\_\_\_

Two Sessions \_\_\_\_\_

Three or more sessions \_\_\_\_\_

Are these fees negotiable?  Yes  No

Special requirements/expectations of Speaker:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Speaker Topics

Topic:

Brief Description:

How is this topic relevant in today's world?

How is this topic relevant in the travel industry?

Topic:

Brief Description:

How is this topic relevant in today's world?

How is this topic relevant in the travel industry?

**Stand out**

List 3 things that make you unique.

1.

2.

3.

**References**

Please list two recent references.

Company/Association Name: \_\_\_\_\_

Event Name: \_\_\_\_\_ Date of Presentation: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Company/Association Name: \_\_\_\_\_

Event Name: \_\_\_\_\_ Date of Presentation: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Thank you for taking time to complete this form. NTA's education team will review your submission and take you/your speaker into consideration when planning our next event. Please feel free to submit a new form as the speaker's offerings change. We will be in touch if we feel you will be a good fit with our education program.

**Completed forms can be sent via fax to 859.226.4404.**

NTA, 546 E. Main Street, Lexington, KY 40508

For more information on NTA or any of our events, visit [www.NTAOnline.com](http://www.NTAOnline.com).