



Association of
Nutrition & Foodservice
Professionals

SPEAKER INFORMATION FORM

for ANFP Chapters

Meeting Name: _____

Dates/Venue/City, State: _____

Please submit this completed form to (name): _____

at (e-mail): _____ by (date): _____

1. SESSION TITLE: _____

Use a title that is interesting, informative, and clearly reflects the session content.

2. SPEAKER(S) NAME & CREDENTIALS: _____

3. SESSION SUMMARY:

A 50-word or less description of your presentation to appear in conference program guide.

4. SESSION LEARNING OBJECTIVE: *Please use measurable terminology to describe your goals; words like define, discuss, plan, propose, compare, choose, analyze, explain, identify, etc. The words know, understand, and learn are not considered measurable. Provide outcome-oriented learning objectives indicating:*

- *What will the program accomplish?*
- *Why is this session considered a valuable learning experience?*
- *How will this session help attendees on the job?*

5. SESSION LENGTH: *Normally one hour* _____

6. BIOGRAPHY: *Please provide a summary of your qualifications to speak on this topic. Will be used in the conference program guide.*

7. AUDIOVISUAL NEEDS*: AV Cord Flipchart Other (specify below)

Other: _____

ANFP Chapter Board Members, if at the conclusion of your event you would like to recommend a speaker to be included in the ANFP Speaker Directory, please e-mail this completed form or complete the [Speaker Recommendation Form](#) and e-mail to the ANFP Education Department.