





# Arrowhead EMS Association

## SPEAKER APPLICATION

Speaker Name: \_\_\_\_\_

### Speaker Session Information

*Please provide the following information for each topic you offer.  
Submit additional session pages as needed.*

Session Title: \_\_\_\_\_ Date: \_\_\_\_\_

Session Phrase (3-5 words): \_\_\_\_\_

Brief Session Description: \_\_\_\_\_

Session Objectives:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Audio Visual Equipment

All session rooms will be provided with:

- LCD Projector
- Screen
- Lavalier microphone
- Lap-top Computer

*To make arrangements for additional AV equipment, presentation handout materials or for any other information, please contact Brenda Monahan at 218-276-0070 or email at [brenda@arrowheadems.com](mailto:brenda@arrowheadems.com).*