# Central Indiana ISSA Chapter

# Speaker Request Form

If you would like to speak at a Central Indiana ISSA Chapter meeting, please fill out this form completely and return to Officers@CI-ISSA.org.

This form must be received at least 30 days prior to the speaking date. Please inform the presenter that the target audience are Information Security Professionals with varying levels of experience.

**NOTE**: Submission of this form is an acknowledgement that the presentation contents will be vendor agnostic and will, in no form, be a pseudo sales presentation.

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| --- | --- |
| **Company Name** |  |
| **Contact Name** |  |
| **Contact Title** |  |
| **Contact Phone** |  |
| **Contact Email** |  |
| **Speaker Name** |  |
| **Speaker Title** |  |
| **Speaker Phone** |  |
| **Speaker Email** |  |
| **Requested Speaking Date:**(2nd Thursday of the month) |  |
| **Will you sponsor dinner for the meeting?****Includes a 5-minute marketing presentation!** |  |

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| **Presentation Title** |  |
| **Presentation Length (Mins)** |  |
| **Presentation Abstract**(Please provide an overview of the presentation) |  |
| **Speaker Bio**(Please provide an overview of the speaker’s background) |  |