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|  | **THE NATIONAL INSTITUTE OF PACKAGING, HANDLING &**  **LOGISTICS ENGINEERS** | **SPEAKER APPLICATION**  NIPHLE 2019 Training  Embassy Suites  Huntsville, Alabama  21-23 May 2019 |

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| Speaker Name: | | | | Title: | |
| Phone: | Cell Phone: | | | Fax #: | |
| Email address: | | | | | |
| Company Affiliation: | | | | | |
| Street Address: | | | | | |
| City: | | State: | | | Zip code: |
| How would you like your name to appear on your badge? | | | | | |
| Topic: | | | | | |
| Summary of Talk (35-50 words): | | | | | |
| Length of Presentation  (Including Questions & Answers (minutes)): | | | Circle Preferred Date: 21, 22, or 23 May 2019  Circle Preferred Time: Morning – Afternoon | | |
| BIOGRAPHY (Please provide a short (35-50 word) biography for NIPHLE program materials) | | | | | |
| Equipment Requirements:  PowerPoint Presentation \_\_\_Yes \_\_\_Other  If Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please identify any special equipment requirements.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Presentation will be stored on:  \_\_ Memory stick  \_\_ CD  \_\_ DVD  \_\_ Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Will you bring your own computer \_\_ Yes \_\_ No  **Note:** ***NIPHLE no longer accommodates Overhead Presentations*** | | |
| Who from NIPHLE asked you to speak? | | | | | |
| NIPHLE Speaker Chairman: Ms. Jennifer Smith/717-487-6363/mattandemi@comcast.net | | | | | |

**Email completed form to Michael Werneke** [**mdwerneke@earthlink.net**](mailto:mdwerneke@earthlink.net) **and Jennifer Smith** [**mattandemi@comcast.net**](mailto:mattandemi@comcast.net)

**If you are attending the entire conference please submit your NIPHLE registration and payment thanks.**