**PROGRAM/SPEAKER INFORMATION FROM**

**North Carolina Association of Blood Bankers**

**{Insert meeting name and year}**

|  |  |  |  |
| --- | --- | --- | --- |
| Provider: | North Carolina Association of Blood Bankers | Provider #: | 417 |
| Format: | Lecture/Symposium | Date: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Presentation Time: | Click or tap here to enter text. |
| Contact Hours Proposed: | Click or tap here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Speaker Name: | Click or tap here to enter text. | Credentials: | Click or tap here to enter text. | Affiliation: | Click or tap here to enter text. |
|  |  |  |  |  |  |
|  |
| (Please list your name and credentials as they should appear in the program.)

|  |  |
| --- | --- |
| Business Address: | Click or tap here to enter text. |
| Business Phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Presentation Title: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Description of Session: (Limit to 50 words. Please be specific about the learning to take place.) | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Level of Instruction:  | □BASIC | □INTERMEDIATE | □ ADVANCED |
| Basic: Entry level; no prior knowledge of subject necessary to attend this program.Intermediate: Refresher course; some basic knowledge required.Advanced: Highly technical; for those with at least 5 years of experience in specialty area. |

|  |  |
| --- | --- |
| Presentation Objectives: (Please list at least three.) | At the end of the session, the participant will be able to: |
| 1.Click or tap here to enter text. |
| 2.Click or tap here to enter text. |
| 3.Click or tap here to enter text. |
| 4. {Fourth objective only needed if presentation will be worth more than 1 CE hour} |

 |
| Day/Time you plan to arrive: | Click or tap here to enter text. |
| Audiovisual needs:(if other than PowerPoint & LCD projector) | Click or tap here to enter text. |
| Please include a brief biography for your introduction: | Click or tap here to enter text. |
| Other questions you have: | Click or tap here to enter text. |

PERSONAL RELEASE FORM

To the North Carolina Association of Blood Bankers:

I, the undersigned, hereby grant permission to the North Carolina Association of Blood Bankers to photograph me during my presentation at the {Year of} meeting and to use the photographs and presentation slides thus acquired for unlimited duplication, distribution, and sale by any method or device now known or hereafter devised in which the same may be used, and/or incorporated and/or exhibited and/or exploited.

I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound, I have signed this release.

□ I prefer that you do not distribute or reproduce my presentation slides.

Very truly yours,

|  |
| --- |
|  |
|  |
| (Signature) |
| (Please print name.) |
|  |
| (Street Address) |
|  |
| (City, State & Zip Code) |
|  |
| (Telephone Number) |

Please provide this information via email by {Return date of form}. Thank you!

**{Name}**

**{Email}**

**or**

**{Name}**

**{Email}**