



# SPEAKER BIOGRAPHICAL FORM

State Assembly Continuing Education Programs

## For State Assembly Use Only - Do Not Submit to AST

Speaker - please submit completed form at least 30 business days before the program date(s) with your curriculum vitae or resume to the State Assembly indicated below. This form is interactive and may be signed electronically.

**STATE ASSEMBLY** (indicate your state) \_\_\_\_\_

### SPEAKER INFORMATION

Speaker Name \_\_\_\_\_ Credentials \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### PRESENTATION

Presentation Title \_\_\_\_\_

Presentation Description: Please provide a brief description of your presentation.

Please include a copy of your resume or curriculum vitae that includes education completed.

### CONFLICT OF INTEREST

I declare that I do NOT have any financial relationships/interests with any commercial interest(s) that could pose a conflict of interest with my presentation(s).

I have an affiliation or financial relationship/interest with a commercial interest(s) that could be perceived as posing a potential conflict of interest with my presentation(s); e.g., healthcare manufacturer.

Explanation if conflict of interest is present:

### SPEAKER SIGNATURE

Signature \_\_\_\_\_ Date \_\_\_\_\_