



**LOWER BUCKS COUNTY CHAMBER OF COMMERCE
SPEAKER BUREAU APPLICATION FORM**

In order to qualify as a participant in the Chamber's Speaker Bureau, this application must be completed and the participation agreement must be signed.

Your Name:

Firm:

Title:

Address:

Phone #:

FAX #:

List topic(s) on which you are qualified to speak. Include specific title(s) of presentation(s) if applicable.

List educational and business background qualifying you as a speaker on the above topic(s).

List groups and/or individuals who have heard you speak.



**LOWER BUCKS COUNTY CHAMBER OF COMMERCE
SPEAKER BUREAU
PARTICIPATION AGREEMENT**

1. I understand that my name, firm address, phone # and speaking topics will be listed as part of the Chamber's Speaker Bureau which, the Chamber makes available to members and to organizations throughout the area.
2. As a participant in the Chamber's Speaker Bureau, my presentation will be non-commercial in nature and is for informational purposes only.
3. My participation as a member of the Chamber's Speaker Bureau is subject to my membership in the Chamber remaining in good standing.
4. The Chamber is not responsible for any speaking arrangements. Arrangements are the responsibility of the organization and the speaker and should be by mutual agreement.
5. If a member of an organization interested in my speaking services contacts me, I will make every reasonable effort to accommodate their request.
6. The Chamber has the right to terminate my participation in the Speaker Bureau if I have not adhered to #2, #3, #4 or #5 above.
7. I may terminate my participation in the Speaker Bureau at any time by providing written notice to the Chamber.

I understand and agree to the above conditions of this participation agreement.

Name

Date