Join SUNS Speaker Bureau

REGISTRATION APPLICATION

SUNS is pleased to offer members the opportunity to join our Speakers Bureau of Professional Speakers!

Our Network seeks individuals who will represent **SUNS** as resident experts in their chosen field related to the senior services professions.

The **SUNS** Speakers Bureau Committee will carefully review application submitted to determine each applicant's qualifications for participating in the Speakers Bureau Program.

All candidates will receive notification via email from **SUNS** if they have been accepted to participate in the Speakers Bureau Program.

Organization Summary

SUNS is an organization of professionals who serve older adults and family caregivers.

SUNS members advocate, identify resources and educate on the available services in their communities. **SUNS** is a 501(c)3 non-profit and has a dedicated Speakers Bureau.

SUNS Speakers presentations are at no cost and are a community service. As members of SUNS we provide services to the community we serve with Competence, Compassion, Integrity, Sensitivity and Professionalism.

SUNS Speakers Bureau engagements are for Individual, Team or Panel Discussions

SUNS Presentations Examples

Senior Fitness & Wellness For Life In Home Physical Therapy Rehabilitation Eldercare Advisor/Senior Community Placement Home Health Care Companion Care/Assisted Living Placement Fall Prevention—Healthcare Tips & Options for Safety & Independence Pre & Post-Retirement Financial Risks Therapeutic Recreation for Seniors/Aid & Attendance Home Organizing for Safety and Convenience Legal Matters for Seniors & Caregivers And much more!



Senior Umbrella Network of Suffolk

SUNS

PO Box 344
Commack, NY 11725
(516) 582-5376 (631) 708-4462
speakers@sunsuffolk.com



SUNS Speakers Bureau Application

P.O. BOX 344 • Commack, NY 11725 • email: speakers@sunsuffolk.org

Your Contact Information

Name:		
Member Type: \Box Professional \Box New Professional \Box Retired \Box Emeritus \Box	Other	
Company Name:		
Title:		
Licenses/Certifications:		
Street Address 1:		
Street Address 2:		
City:		Zip:
Work Phone: ()Cell Phone: ()		
E-Mail:		
Area of Expertise:		
Please describe your expertise for speaking engagements:		
Торіс:		

Please list the topic and title of your presentation: (use additional copies of this sheet for multiple topics)

Provide a brief synopsis:



Evaluation Summary Details from Prior Speaking Engagements and Experience

Please provide a copy of any evaluation summaries from prior speaking engagements including the site location, total number of individuals who attended, and overall impression rating for the program.

Торіс	Location	Attended	Rating

Speakers Biographical Information:

Please provide a brief professional bio. **SUNS** will include this information on the Speakers Bureau Section of the **SUNS** website. Summarize special skills and qualifications you have acquired from current or previous employment, volunteer work, or through other activities. Are you fluent in another language in addition to English? If available, please attach your professional bio with this application.

References

Please include two references that may attest to your capability to communicate content effectively and at an appropriate level to the desired audience. The **SUNS** Speakers Bureau Committee will contact these refer-

Full Name	Affiliation	Phone	Email

ences. If we are unable to contact these references, your approval to participate in the **SUNS** Speakers Bureau may be delayed. It is preferred, but not required that your references should be someone who has attended one of your previous presentations or someone outside of your company/firm who can speak to your presentation skills and professional background.

Photographs

If you would like to add a headshot photograph to your Speakers Bureau profile, please email your photo to **speakers@sunsuffolk.org**. Please note that photographs should be a jpg, at least 4 inches wide and 300 or above dpi.



Speakers Fees and Self Promotion

The **SUNS** Speakers Bureau is offering our services to the community at no charge. Individual Speakers may not charge a fee while representing **SUNS**. In the event **SUNS** is offered a donation without any solicitation, these funds will be applied towards the **SUNS** Scholarship Fund.

SUNS Speakers Bureau participants, may not promote, sell or market their service or product, with the exception of having their collateral material available for those who may request the material. It is the function of each speaker to inform and educate the community on their area of expertise.

Agreement and Signature

By submitting this registration form for approval along with the requested items provided by me in connection with my registration request, I affirm that the facts set forth are true, complete and accurate. I understand that if accepted as a Speaker, any false statements, omissions or other misrepresentations made on this submission can result in my immediate removal from the **SUNS** Speakers Bureau Program. I also agree with the following **SUNS** Speakers Bureau Mission Statement: *"The Senior Umbrella Network of Suffolk (SUNS) members provides Seniors and Caregivers with services and resources with Competence, Compassion, Integrity, Sensitivity and Professionalism."*

Name (Please print): _____

Signature: _____

Date:

Please contact **SUNS** Speakers Bureau if you have any questions about the Speakers Bureau Program. Email: speakers@sunsuffolk.org, or call (516) 582-5376 (631) 708-4462 Submit via email or regular mail. **SUNS Speakers Bureau P.O. BOX 344**

Commack, NY 11725

Thank you for completing this registration form and for your interest in the **SUNS** Speakers Bureau.