



Takes You Further.®

LORRAINE ARORA, GRI, SRES, ABR, CIPS– Chair of the Board  
RYAN T. CONRAD, CAE, CIPS, RCE – Chief Executive Officer

## Northern Virginia Association of REALTORS® Speaker Application Form

### Speaker Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Are you a member of NVAR?  Yes  No

### Program Information

Program/Course Title \_\_\_\_\_

Date(s) and Times Available to Offer Program \_\_\_\_\_

Program length \_\_\_\_\_

This program will attract the following audience:

Residential

Commercial

Property Management

Other \_\_\_\_\_

Has this program/course been approved for continuing education credit for Virginia Real Estate Licensees?

Yes  No

Please provide a description of your program

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**List three primary objectives of the program**

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**Video Demonstration** – You must provide a 2-5 minute video demonstration as part of your application. Please provide any additional comments regarding the video (if applicable).

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**You must provide the following written materials for the program**

- \_\_\_ A comprehensive timed outline for the program
- \_\_\_ A copy of the materials used and distributed, including books, handouts, pamphlets, and power points
- \_\_\_ A copy of the proposed advertisement for the program (if available)

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**References**

Indicate where and when you made your last three presentations. Please include the date, contact name and phone number of the organization, topic and title of the program.

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**Miscellaneous Information**

Please indicate what if any audio/visual equipment you require and any special room set-up specifications.

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|---|--|-----------------------------|
| Please indicate if you are seeking a speaking fee and if so, how much.          | <input type="checkbox"/> Yes (\$_____) | <input type="checkbox"/> No |
| Please indicate if you are seeking reimbursement for travel/meal expenses       | <input type="checkbox"/> Yes (\$_____) | <input type="checkbox"/> No |
| Have you ever been convicted of a felony (including while in military service)? | <input type="checkbox"/> Yes           | <input type="checkbox"/> No |

If yes, explain:

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***Applicant's Statement***

**READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW**

I, the undersigned, agree that this organization may make any lawful inquiry that it considers necessary to determine my eligibility to be a speaker for a NVAR endorsed educational program. I authorize this organization to seek and obtain from my references information related to my history, character, and qualifications as a speaker. I release this organization and all persons and entities furnishing such information to this organization from any liability arising from dissemination or publication of such information.

All information provided in this application and any accompanying resume is true and complete. I have read and understand the foregoing and I agree unconditionally to the foregoing.

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*Applicant Signature*

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*Date*