



## BARBARA BROCK MEMORIAL GRANT

### SPEAKER FORM

Name of IFDA Member \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

Program Title \_\_\_\_\_

CEU Course # \_\_\_\_\_ Program Length \_\_\_\_\_ CEU Credits \_\_\_\_\_

Organization that approved the CEU \_\_\_\_\_

**Brief Description of Program**

**Brief Bio of Speaker**