

Toastmasters District 67 Speakers Bureau Application Form

Application no.

English name		Chinese name	
Phone #	Mobile: _____	/Office: _____	ext. _____ /Fax: _____
E-mail			
Address			
Name and Number of Club:			
Membership Number:			
The Date the ATM-B/AC-B and/or District Contest Champion granted: D/M/Y			
Personal Information			
Present Position (please include title, organization and main responsibilities):			
Toastmasters Experience (including any leadership position ever in charged)			
Education Background:			
Professional Experience (related awards, publications, lectures, etc.):			
Reference (comments from the audience, personal website, etc.)			

Public Speaking Categories

Area(s) of expertise as a public speaker

- | | |
|--|---|
| <input type="checkbox"/> Keynote Address | <input type="checkbox"/> Humorous Speech |
| <input type="checkbox"/> Sales Training Speech | <input type="checkbox"/> Seminar |
| <input type="checkbox"/> Ceremony Host | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Public Relations Speech | <input type="checkbox"/> Speech about Communication |
| <input type="checkbox"/> Speech about Leadership | <input type="checkbox"/> Motivational Speech |
- Other Training Speech, please specify the area: _____
- Technical Speech, please specify the subject: _____
- Others, please specify: _____

Nature and Size of groups that will be benefited from your presentation:

- | | |
|--|--|
| <input type="checkbox"/> Below 20 persons | <input type="checkbox"/> 20~50 people group |
| <input type="checkbox"/> 50~100 people group | <input type="checkbox"/> 100~500 people group |
| <input type="checkbox"/> 500~2000 people group | <input type="checkbox"/> More than 2000 people |
| <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Hospital, Governmental Bureau |
| <input type="checkbox"/> Religious group | <input type="checkbox"/> Corporation |
- Others, please specify: _____

Cities / Regions you're available for speaking engagements

- | | |
|---|--|
| <input type="checkbox"/> Taiwan whole Area | <input type="checkbox"/> North Taiwan (Div A, C, E, G, H) |
| <input type="checkbox"/> Central Taiwan (Div B) | <input type="checkbox"/> South Taiwan (Div D) |
| <input type="checkbox"/> East Taiwan | <input type="checkbox"/> Taipei City |
| <input type="checkbox"/> Taipei City & County | <input type="checkbox"/> Tao Yuan & Taipei County |
| <input type="checkbox"/> Tao Yuan County | <input type="checkbox"/> Hsin-Chu County |
| <input type="checkbox"/> Hsin Chu & Tao Yuan County | <input type="checkbox"/> Miao Li & Taichung County |
| <input type="checkbox"/> Taichung County | <input type="checkbox"/> Chang Hua & Nan Tou County |
| <input type="checkbox"/> Chang Hua & Yun Lin County | <input type="checkbox"/> Yun Lin & Jia Yi County |
| <input type="checkbox"/> Jia Yi & Tainan County | <input type="checkbox"/> Tainan County |
| <input type="checkbox"/> Tainan & Kaohsiung County | <input type="checkbox"/> Kaohsiung County |
| <input type="checkbox"/> Kaohsiung City | <input type="checkbox"/> Ping Dong County |
| <input type="checkbox"/> Kaohsiung & Ping Dong County | <input type="checkbox"/> Peng Hu County |

Signature _____

Date(D/M/Y): _____

Important:

Please return this completed form and other documents, with a photo in electronic file to vera@futis.com.tw. Information from your application will be used only in the promotion of Toastmasters Organization by District Speakers Bureau.