AmSpirit™
BUSINESS CONNECTIONS

Speaker Introduction Form

Please complete and give to your Chapter Program Chair

Name:	**Professional Category:**
Company Business Name:	**How Long?**
Spouse / Partner Name:	**Years Together?**
Spouse / Partner Occupation:	**How Long?**
Children's Name / Ages / Other Information:	
Personal Hobbies / Interests:	
Community Involvement / Professional Affiliations:	
Additional information you would like to share:	

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