



A4 SPEAKER BIOGRAPHICAL FORM

Application for Approval of State Assembly
Continuing Education Programs

Association of Surgical Technologists State Assembly
6 W Dry Creek Cir, Ste 200 • Littleton, CO 80120-8031

Appendix B: AST SPEAKER BIOGRAPHICAL FORM



FORM A4

Speaker - please submit completed form at least 60 business days before the program date(s) with your curriculum vitae or resume to the State Assembly indicate below.

STATE ASSEMBLY (please indicate which state you are speaking in) _____

SPEAKER INFORMATION

Speaker Name _____ Credentials _____

Telephone _____ Email _____

PRESENTATION

Presentation Title _____

Presentation Description: Please provide a brief description of your presentation.

Please include a copy of your resume or curriculum vitae that includes education completed.

CONFLICT OF INTEREST

I declare that I do NOT have any financial relationships/interests with any commercial interest(s) that could pose a conflict of interest with my presentation(s).

I have an affiliation or financial relationship/interest with a commercial interest(s) that could be perceived as posing a potential conflict of interest with my presentation(s); e.g., healthcare manufacturer.

Explanation if conflict of interest is present:

SPEAKER SIGNATURE

Signature _____ Date _____