

ATTACHMENT M



North Carolina
PSYCHOLOGICAL ASSOCIATION

Speaker Checklist

Please be sure that all the information listed below is sent by **Monday, August 1, 2005**.

_____ Read and agree to day, time, honorarium

_____ Speaker Agreement – (**Fax or Mail this document**)
Printed Name
Signature
Dated
Included Social Security #

_____ Completed **Institute Planning Sheet** – Items 1 – 13
(**Please email this form**)

_____ Hotel and Travel Information (**Email this information**)
We will follow up with confirmation on hotel and transportation approximately 30 days from your institute.

Note any other information you feel we need to have for you.

1004 Dresser Court, Suite 106
Raleigh, North Carolina 27609
Fax 919/872-0805
Phone 919/872-1005
ncpacarol@mindspring.com
www.ncpsychology.org