



Registration Form

*Thank you for your interest in NLAPS. **Please note:** All applications are subject to approval by the NLAPS Leadership Team. A member of the team will contact you.*

Contact Information:

Name: _____ Date: _____

Occupation and Place of Work: _____

Mailing Address: _____ P-Code _____

Phone 1: _____ Phone 2: _____ Fax: _____

Email: _____ Web Site: _____

Areas of Interest: _____

1. What are your 3 professional speaking goals?

2. Why do you want to join NLAPS?

3. Please select one: Salaried Speaker Teacher, instructor, professor, educator, facilitator, in-house trainer, etc.
 Contract Speaker Paid per speaking engagement

4. Are you a CAPS (Canadian Association of Professional Speakers) member? Yes No

Please list 5 speaking engagements that you have given during the past 24 months.

Speaking Engagements

Audience or Name of Client Organization	Audience (approx. #)	Name and contact information for verification
1.		
2.		
3.		
4.		
5.		
Total Attendance:		