

### CWC Speak-off Application

**Important: This application must be typed and returned to:  
Speak-off Coordinator no later than September 4, 2009.**

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Name (include designations) Association Name (or member-at-large) Region

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Preferred mailing address City State ZIP

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email address ( ) Daytime phone ( ) Home phone

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Employer name Address

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Job title Years employed

**Year completed the CWC Speak-off Course, LACE or Insurance Institute of Canada speaking course:** \_\_\_\_\_

NAIW local association positions held:

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Job responsibilities:

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Insurance employment progression from entry position to present position:

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Personal interests:

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**Why did you take the CWC Speak-off Course and what did you learn?**

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*The above information may be used for your introduction during the CWC Speak-off Competition.*