

Presenter Application Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Fax: _____ Best Time to Call: _____

Availability to present (please check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have your own transportation? yes no Public Transportation? yes no

Are you willing to travel? yes no **Overnight?** yes no

What language(s) do you speak fluently? _____

What is your current diagnosis? _____

Why do you want to be an In Our Own Voice Presenter?

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What does recovery mean to you?

What are your views on treatment (traditional and/or nontraditional)?

Additional Comments:

Are you already a NAMI member? yes no

If no, are you willing to become a NAMI member? yes ___ no

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If you are filling in this form in the Google Chrome browser, please use 'Print' and select 'Save as PDF' as the printer, to save the form to your computer. Do not use the browser download arrow or 'Save As' in the browser menu. Otherwise, the data you have entered will not be saved with the form.

Submit form by mail, email, or fax to:

NAMI Georgia
4120 Presidential Pkwy, Ste 200
Atlanta, GA 30340
Fax: 770-234-0237
Email: programs@namiga.org