

CWC Speak-off Application

**Important: This application must be typed and returned to:
Speak-off Coordinator September 15th, 2010**

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

Preferred mailing address City State ZIP

email address () Daytime phone () Home phone

Employer name Address

Job title Years employed

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

NAIW local association positions held:

Job responsibilities:

Insurance employment progression from entry position to present position:

Personal interests:

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

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