

## SPEAKER/AUTHOR BIOGRAPHY

### PROGRAM:

Please supply all essential personal data, including your Social Security number which is needed to reimburse you for expenses. The information from this form will be used in program publicity and introductions at the program.

### PERSONAL DATA:

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**SSN** (needed for reimbursements)

\_\_\_\_\_  
**Pronounced**

Received a  **BA**  **BS** degree from \_\_\_\_\_ and a  
**School**

**[Law]** \_\_\_\_\_ degree and/or \_\_\_\_\_

from \_\_\_\_\_  
**School**

He/She is a \_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Firm/Company**

Specializing in \_\_\_\_\_

His/Her many articles include:

\_\_\_\_\_ published in \_\_\_\_\_

\_\_\_\_\_ published in \_\_\_\_\_

His/Her honors are:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE USE THE BACK of this page to write a brief 4 to 5 sentence biographical sketch about yourself as you would like it to appear in the preliminary pages of our publication. You may want to mention your firm name, law school, areas of specialization and selected achievements or published works.

**AUDIO/VISUAL REQUIREMENTS** (please indicate which of the following you need based on your presentation):

*A standard podium microphone will be provided unless otherwise requested.*

- PowerPoint Projector/Screen**  
(I will e-mail my presentation to Daniel McCarroll at mccarrolld@umkc.edu)
- Overhead Projector/Screen**
- Other (please specify)**  
\_\_\_\_\_

**Please return to:**

UMKC School of Law, Continuing Legal Education, 5100 Rockhill Road  
Kansas City, Missouri 64110-2499 or  
**Fax to 816-235-5414**