APPLICATION FOR SPEAKER APPROVAL

_____ _____

NAME ***DATE***

_____

COMPANY

_____

POSITION/TITLE

_____

BUSINESS ADDRESS

_____

_____

_____ _____

CITY ***AREA CODE***

_____

PHONE

_____

EMAIL ADDRESS

- **EDUCATION DETAILS:**

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_____
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_____

- **WORK EXPERIENCE (Please attach a current CV):**

_____
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_____

- **TEACHING AND/OR SPEAKING EXPERIENCE**

_____
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_____

- **SPECIALISED TRAINING**

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_____

- **SPEAKER CLASSIFICATION:**

Technical _____ **General Knowledge** _____

- **CREDENTIALS/REFERENCES** (*Technical course speakers must be currently certified or have credentials in dispensing optics, optometry, medicine, nursing, or be ophthalmic/optometric certified allied health personnel, or have the relevant product knowledge to deliver a course on their set topic. Anyone who does not meet this requirement may request a special review).*

_____
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_____

I agree that approved course content will be presented in a generic and objective manner. Specific brand names will be avoided in word, slide and study materials. Brand names will only be listed if other similar brand names available in the industry are also listed.

_____ _____
Signature of Applicant ***Date***

Please return this form to:

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Morrinsville 3340
New Zealand

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Email: info@adonz.co.nz
Website: www.adonz.co.nz

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