RIMS WESTERN REGIONAL 2024 SPEAKER SUBMISSION FORM

We encourage partial submissions. Providing session title, description, and key take-a-ways, and intended speakers so agenda planning can be done as early as possible.

COORDINATOR	COORDINATOR CONTACT INFORMATION:		
Name: Title: Business Name: Email: Phone:			
SPEAKER(S) IN	FORMATION: (#RIMSWRC limits panels to a maximum of 4 individuals)		
Name: Title: Business Name: Email & Phone: LinkedIn:			
Name: Title: Business Name: Email & Phone: LinkedIn:			
Name: Title: Business Name: Email & Phone: LinkedIn:			
Name: Title: Business Name: Email & Phone: LinkedIn:			

RIMS WESTERN REGIONAL 2024 SPEAKER SUBMISSION FORM

We encourage partial submissions. Providing session title, description, and key take-a-ways, and intended speakers so agenda planning can be done as early as possible.

Practitioner Only S	ession: <u>OR</u> Service Provider	Session: (requires gold or platinum sponsorship)
Service providers include products and/or services		who sells insurance related products, legal, accounting, or financia
Session Title:		
be brief and catchy)		
Session		
Description: (150 word limit)		
Learning		
Objectives:		
4 bullet point limit)		
Session Format:	Solo Presenter Panel	
	Fireside Chat	
Sponsor Sessio	n Acknowledgement	
•	•	Regional Conference they must participate as a

We look forward to reading your submission!

www.rimswesternregional.com.

Please email the completed form to events@consultrhino.com!