



FUNERAL CONSUMERS ALLIANCE OF IDAHO, INC.

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Informed choices for simple, affordable, meaningful funerals

PRESENTER/PRESENTATION APPLICATION

(Please print clearly)

Name: _____

Phone Number(s): _____

Email: _____

Social Media/Web Presence:

*(This is **NOT** required. However, if members would like to reach you after the presentation it would be helpful.)*

Facebook: _____ LinkedIn: _____

Other Website(s): _____

Are you a member of the Funeral Consumers Alliance of Idaho? YES / NO

Have you presented to groups, organizations, or audiences similar to ours before? YES / NO

If yes, list: _____

What is your area of expertise? _____

Certifications? _____

Professional associations? _____

What is your experience with FCA or FCAI (other than membership)? _____

Title of Presentation: _____

Presentation Description:

Will you require equipment/room needs for your presentation? (Ex: projector, outlet, audio, etc.)

Will you have handouts/supplemental material? YES / NO

(If available, please attach a copy of those materials. If not currently available, please write a description.)

What are your key talking points? *(If available, please attach an outline.)*

How does your presentation relate to the FCAI and its mission/members? _____

Presenter Signature

Date