



CALIFORNIA FEDERATION OF MINERALOGICAL SOCIETIES



PODIUM PEOPLE

NAME: _____ PHONE : _____

MAILING ADDRESS: (will not publish) _____

EMAIL: _____

FEE : _____ MILEAGE: Y _____ N _____ PLEASE CALL _____ ADVANCE NOTICE TIME _____

TRAVEL LIMITS: SoCAL ONLY _____ NorCAL ONLY _____ BOTH SoCAL & NorCAL _____

EQUIPMENT NEEDED: _____

A BRIEF BIO OF YOURSELF: _____

TITLE(S) OF PROGRAM(S) WITH A SHORT DESCRIPTION:

1. TITLE _____ LENGTH OF TIME _____

DESCRIPTION _____

2. TITLE _____ LENGTH OF TIME _____

DESCRIPTION _____

IF YOU HAVE ADDITIONAL TITLE(S), PLEASE TYPE / WRITE THEM ON A PIECE OF PAPER & SUBMIT TOGETHER WITH THIS FORM. THERE IS NO LIMIT ON HOW MANY PROGRAMS YOU CAN PRESENT. PLEASE SUBMIT A DIGITAL PHOTO OF YOURSELF TO BE PUT ON THE CFMS WEBSITE (OPTIONAL).

PLEASE FEEL FREE TO CONTACT US FOR ANY QUESTIONS. THANK YOU.

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