



International Latino Gang Investigators



Association Speaker Application

NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
WORK PHONE (incl. area code)		FAX (incl. area code)	HOME PHONE (incl. area code)
TOPIC TITLE AND SYNOPSIS (please submit a separate application for each topic).			
Equipment Needed (Check all that apply)			
<input type="checkbox"/> TV/VCR	<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Slide Projector	<input type="checkbox"/> Laser Printer
<input type="checkbox"/> Laptop	<input type="checkbox"/> Computer Projector	<input type="checkbox"/> Other:	
Instructor Can Provide (Check all that apply)			
<input type="checkbox"/> TV/VCR	<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Slide Projector	<input type="checkbox"/> Laser Printer
<input type="checkbox"/> Laptop	<input type="checkbox"/> Computer Projector	<input type="checkbox"/> Other:	
ILGIA Reference (Required):			
ADDRESS:			
CITY:		STATE:	ZIP CODE:
EMAIL:			
Be sure your professional resume is attached.			
ILGIA does not discriminate on the basis of race, gender, age, sexual orientation, or religious affiliation. The ILGIA Training Referral List is maintained for the sole benefit of the ILGIA. My signature affirms that the information contained in this application is true and accurate, and furthermore, I have read and understand the Training Committee Mission Statement and ILGIA Membership Policies and Procedures.			
SIGNATURE:			DATE:

Send your completed application to: ILGIA Training Committee, c/o Gabe Morales, P.O. Box 98685, Des Moines, WA, 98198
 or send via email to: gcmorales2002@yahoo.com