

Speaker Nomination Form



Please complete the following details to support your speaker nomination. The Education Team will be in contact with you within 14 days of your nomination being received to discuss in further detail.

Name	
Job Title	
Company	
Email address	
Contact number (mobile or landline)	
Location	
Biography (please include all details of your speaking engagements undertaken)	
Please nominate your SMSF specialist areas	<input type="checkbox"/> Accounting for an SMSF <input type="checkbox"/> Actuarial <input type="checkbox"/> Audit <input type="checkbox"/> Business development <input type="checkbox"/> Contributions <input type="checkbox"/> Estate Planning <input type="checkbox"/> Death implications for an SMSF <input type="checkbox"/> Ethics <input type="checkbox"/> Family Law <input type="checkbox"/> Financial Planning <input type="checkbox"/> Fund Administration <input type="checkbox"/> Investment strategies <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Limited recourse borrowing <input type="checkbox"/> New legislation and case law <input type="checkbox"/> Pensions <input type="checkbox"/> Portfolio management <input type="checkbox"/> Practice management <input type="checkbox"/> Property <input type="checkbox"/> Risk <input type="checkbox"/> SMSF strategies <input type="checkbox"/> SMSF Life cycle <input type="checkbox"/> Taxation <input type="checkbox"/> Trust Structures <input type="checkbox"/> Other

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Please provide below an example of an education session that you would like to present on behalf of the SMSF Association.

Session title	
Session outline	
Session duration	
Target Type	<input type="checkbox"/> SMSF professionals <input type="checkbox"/> SMSF trustees
Target Audience	<input type="checkbox"/> Accountants <input type="checkbox"/> Actuaries <input type="checkbox"/> Administrators <input type="checkbox"/> Auditors <input type="checkbox"/> Corporate Management <input type="checkbox"/> Estate Planners <input type="checkbox"/> Financial Planners <input type="checkbox"/> Lawyers <input type="checkbox"/> Tax Agents <input type="checkbox"/> Other
Level of knowledge	<input type="checkbox"/> Emerging <input type="checkbox"/> Experienced <input type="checkbox"/> Expert
What SMSF Association education events would you be interested in presenting at?	<input type="checkbox"/> National Conference <input type="checkbox"/> Technical Conference <input type="checkbox"/> Masterclass <input type="checkbox"/> On demand recordings (webinars) <input type="checkbox"/> Local Community events
Additional information	Please attach any support resources that you would like to submit with the speaker nomination.

If you are nominating the speaker please complete the details below

Nominator name	
Nominator title	
Nominator company	
Nominator email address	
Nominator contact (mobile or landline)	