



KRA Professional Development Institute
October 15, 2010
Breakout Session Presenter

Name _____

Address _____

Phone _____

Email _____

Title of Presentation _____

Brief description of presentation

Special equipment needs for your presentation:

Please complete this form and email to:

Tiernie Church at tchurch@bak.rr.com
or mail to: P.O. Box 10837, Bakersfield, CA 93389-10837

Your registration and breakfast are complimentary as our thanks for sharing your expertise with our members. My phone number is (661) 204-5510 if you have any questions or special requests.

Tiernie Church, KRA President-elect