



**Presenter Profile:**

Note: Information from this form will only be used to help the program coordinator help place you for upcoming presentation opportunities.

**Please answer the following questions about yourself.**

**Personal Background:**

**Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**NAMI Affiliate organization:** \_\_\_\_\_

**Ethnic background:** \_\_\_\_\_ **Languages besides English?** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Age at onset:** \_\_\_\_\_ **Last episode:** \_\_\_\_\_

**Educational Background:**

**Last grade/degree completed:** \_\_\_\_\_ **Field of study:** \_\_\_\_\_

**Availability:**

Please write in the times you are available in the appropriate box.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							

**Work Experience:**

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