

MRSCNA CONVENTION SPEAKER RESUME

Do you wish to speak in the spring or fall? _____

Date Submitted: _____

SUBMISSIONS ARE HELD IN POOL FOR ONE YEAR FROM SUBMITTED DATE

NAME: _____

CLEAN DATE: _____

ADDRESS: _____

PHONE: _____

Do you meet clean time requirements? (5 years) _____

SERVICE EXPERIENCE (List positions and dates): _____

Do you have the time and resources necessary to complete the speaker position? Explain: _____

Describe your commitment to recovery: _____

How are you committed to the NA program? Check the appropriate boxes: Work the NA steps,

Have a NA sponsor go to NA meetings): _____

Have you ever spoken at a convention? _____

Please submit a speaker tape/CD (if you have one).

If completed by a person other than the nominee, please establish willingness prior to submission.

**Send to: MRSCNA Convention
P.O. Box 2381
Morgantown, WV 26502-2381**