



Speakers Bureau Profile Form

The information you provide below will only be used by the American Association of Kidney Patients (AAKP) to evaluate your eligibility to serve on the AAKP Speakers Bureau. If you have any questions, please call (800) 749-AAKP. Completion of this form does not automatically guarantee selection as a speaker. Please include attachments to help support your eligibility to be a part of the AAKP Speakers Bureau.

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____
(day time phone number with area code)

E-Mail: _____

Level of Interest (check all that apply)

- I am interested in learning about **all** speaking opportunities with AAKP.
- I am **only** interested in learning about AAKP Annual Convention speaking opportunities.
- I am interested in learning about how I can also share my story with AAKP publications/Web site.

Experience

- I am a:
- Patient
 - Dialysis
 - Transplant
 - CKD – not yet on dialysis
 - Hemodialysis: (In-Center Home Daily Nocturnal)
 - Peritoneal dialysis: (CCPD CAPD)
 - Living Donor – Kidney Transplant
 - Knew individual I donated kidney to:
 - Family member
 - Friend
 - Did not know the individual I donated kidney to
 - Family Member
 - Caregiver
 - Professional (credentials: _____)
 - Social Worker
 - Dietitian
 - Nurse
 - Physician
 - Other _____

Why are you interested in serving on the AAKP Speakers' Bureau?

Please briefly explain your experiences/areas of expertise. Please limit your response to 150 words. An additional form may be attached, as long as you do not exceed 150 words.

Return form by April 30, 2010 to:
American Association of Kidney Patients
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(800) 749-AAKP • (813) 636-8122 Fax • info@aakp.org