

PRESENTER RECOMMENDATION FORM

This form is to be completed by **two (2) individuals** (*not employed by the presenter or the Provider*) who are board-certified and/or have advanced degrees in the subject area. Should the Provider also be the presenter, outside individuals should complete both forms.

Title of course/program to be presented:

RACE Provider Name: Association of Zoo Veterinary Technicians

Name of presenter you are recommending:

Your Name:

Your Credentials:

Your Phone Number:

Your E-mail Address:

Discuss your experience with the above individual as a speaker/presenter:

Discuss presenter's background in this field:

Please provide specific reasons for recommending the above individual as a speaker/presenter:

I hereby certify that the above information is true and accurate to the best of my knowledge.

Signature: _____

Completed forms should be submitted to the AZVT RACE Program Administrator:

Christina Camillo (cgcamillo@gmail.com)

You may also submit to AAVSB RACE: 380 West 22nd Street, Suite 101, Kansas City, MO, 64108 or emailed to race@aavsb.org