

# MENAI TOASTMASTERS

## Speaker Profile

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Date of Meeting:	Order of Speaker:	
Name:		
Suburb:	Years in T.M.:	
Occupation:		
Hobbies/Interests:		
Speech from which Manual		
Communication [ <input type="checkbox"/> ]		
Project Name:	Project Number:	
Advanced [ <input type="checkbox"/> ]	Manual Name:	
Project Name:	Project Number:	
Speech time:	to	minutes
Evaluator of the speech is:		
Evaluator to read the Speakers objectives		
Title of Speech:		
Does the speaker require the lectern: (please tick the appropriate box(es))		
No [ <input type="checkbox"/> ]      Yes [ <input type="checkbox"/> ]    Left [ <input type="checkbox"/> ]    Centre [ <input type="checkbox"/> ]    Right [ <input type="checkbox"/> ]		
<b>PLEASE GIVE THIS COMPLETED FORM TO THE TOASTMASTER ON THE NIGHT</b>		

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