



CALL FOR TOPICS FORM

If you have an idea for a workshop or speaker topic at a future ASPPA Conference, please complete the following information and return it to jlsmith@asppa.org for fax to 703-516-9308.

Full Name: _____

Designations: _____

Company Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Title of Presentation: _____

Topic Category:

- | | | |
|---|---|---|
| <input type="checkbox"/> 401(k) | <input type="checkbox"/> H & W Plans | <input type="checkbox"/> Qualified Plans and NQDC |
| <input type="checkbox"/> Cash Balance Plans | <input type="checkbox"/> IRA | <input type="checkbox"/> Retirement Plans |
| <input type="checkbox"/> DB-DC Plans | <input type="checkbox"/> Mutual Fund | <input type="checkbox"/> RIA |
| <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> Other | <input type="checkbox"/> Rollover |
| <input type="checkbox"/> ERISA | <input type="checkbox"/> PBGC | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> ETFs | <input type="checkbox"/> Pensions | <input type="checkbox"/> TPA |
| <input type="checkbox"/> Fiduciary Issues | <input type="checkbox"/> Plan Design | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Fraud and Identity Theft | <input type="checkbox"/> Plan Sponsor | <input type="checkbox"/> Workforce |
| | <input type="checkbox"/> Portfolio | |
| | <input type="checkbox"/> Professional Speaker | |

Brief Description of Your Idea: _____

Suggestions for possible speakers on this topic? _____
