



**EXPERTS BUREAU
APPLICATION FOR MEMBERSHIP**

1. Professional speakers, trainers, and consultants interested in being considered for membership in the Experts Bureau should complete the enclosed application form and forward the completed form to Core Dimensions International via mail, fax and email (with electronic signature).
2. Eligibility for membership shall be reviewed by the selection board of Core Dimensions International. The review process requires 2-3 weeks. Those who meet the standard requirements for membership shall receive a letter of acceptance and membership certificate.
3. Membership is renewed automatically annually. However, either party can terminate the membership with a written notice at any time with or without cause.
4. As a requisite for our representation of you as speaker, trainer, or consultant, we ask that you supply us with your professional profile, three (3) references and a minimum of two (2) work samples. Likewise, Core Dimensions International can save you time and money in professionally developing your training presentation for you with a written agreement.
5. Any applicant for professional membership who fails to meet eligibility requirements shall be so advised.
6. Upon accepting an engagement for which Core Dimensions International recommends you, we retain an agency professional fee based on the terms and conditions set forth in the Experts Bureau Consultant Agreement.
7. Any speaking engagement in which Core Dimensions International directly or indirectly procured for you, we retain our full right of ownership. It is imperative that you refer the prospect to us so that we can handle all negotiations, agreements, and paperwork to alleviate any possible miscommunication or misrepresentations.

Date:	Name:		
Address:		City/State/Zip:	
Home Phone:	Mobile Phone:	Work Phone:	

Professional Experience	Years of Experience
<input type="checkbox"/> Consultant	<input type="checkbox"/> Year/s <input type="checkbox"/> month/s
<input type="checkbox"/> Speaker	<input type="checkbox"/> Years <input type="checkbox"/> month/s
<input type="checkbox"/> Trainer	<input type="checkbox"/> Year/s <input type="checkbox"/> month/s

Areas of Expertise (Check all areas you are qualified in and rank you top five)

<input type="checkbox"/> Personality Development	<input type="checkbox"/> Business Planning/Development
<input type="checkbox"/> Career Building	<input type="checkbox"/> Communications
<input type="checkbox"/> Information System	<input type="checkbox"/> Executive Coaching
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Peer Coaching
<input type="checkbox"/> Employee Productivity	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Financial & Estate Planning	<input type="checkbox"/> Decision Making
<input type="checkbox"/> Inspirational/Motivation	<input type="checkbox"/> Employee Empowerment
<input type="checkbox"/> Networking	<input type="checkbox"/> Image/Branding Building
<input type="checkbox"/> Outreach	<input type="checkbox"/> Interviewing
<input type="checkbox"/> Performance Tracking	<input type="checkbox"/> Leadership
<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Negotiation
<input type="checkbox"/> Sales & Marketing	<input type="checkbox"/> Facilitation
<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> Presentation
<input type="checkbox"/> Self-Help Management	<input type="checkbox"/> Strategic Planning
<input type="checkbox"/> Team Building	<input type="checkbox"/> Train the Trainer
<input type="checkbox"/> Facility Management	<input type="checkbox"/> Health & Safety in the Workplace
<input type="checkbox"/> Healthcare Administration	<input type="checkbox"/> Project Management
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Research & Development
<input type="checkbox"/> Employee Benefits	<input type="checkbox"/> Other:

Education

<input type="checkbox"/> Graduated College	<input type="checkbox"/> Professional Designation/ License
<input type="checkbox"/> Post- Graduate <input type="checkbox"/> MBA <input type="checkbox"/> MA <input type="checkbox"/> Ph.D	Please specify:

Other Related Experience/Skills

Preferred Professional Service

Desired Professional Fee

<input type="checkbox"/> Full- Day	_____ /hour _____ /day
<input type="checkbox"/> Half-Day	_____ /hour _____ /day
<input type="checkbox"/> Keynote Speaker	_____ for an hour

Have you done trainings, seminars or workshops where there was no fee involved?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, why?	

Availability for speaking engagement and training sessions

<input type="checkbox"/> Daily	<input type="checkbox"/> Once a week
<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Flexible (please specify):	

List of Professional References**Contact Information**

	email:	Phone:
	email:	Phone:
	email:	Phone:

Print Name & Signature

Date

Please mail completed form to:
 Core Dimensions International
 1175 Pembroke Dr. Suite 100
 San Jose, CA 95131

Email completed form to:
 expertsbureau@coredimensionsintl.com

To be filled out by Core Dimensions International

Reviewed by:	Approved by:
Date:	Date: