Speaker/Author Information Form

Thank you for joining the program as a speaker or panelist (or Author) for the [Enter Event or Study Project]. Information in Section I of this form will be used to communicate with BIFAD stakeholders and to ensure your name, position, and other information are communicated accurately and according to your preference on the event flyer, website, presentation, post-event report, and any pre and post event products related to the event.
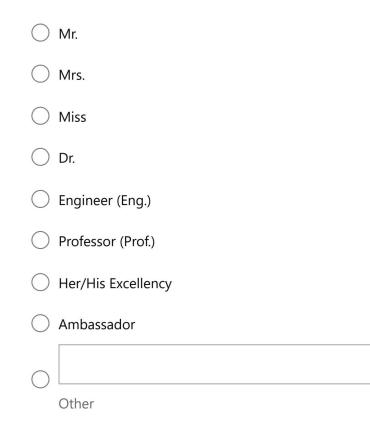
OMB Number:
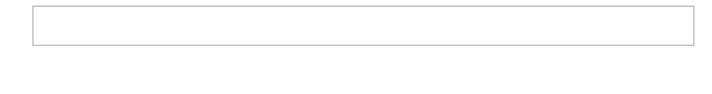Expiration Date:

* Required

Section One: Speaker Information for the Program

1. Name as you would like for it to appear on the program:
   First/Given Name:
   Last/Family Name: *

2. Preferred Prefix: *

○ Mr.

○ Mrs.

○ Miss

○ Dr.

○ Engineer (Eng.)

○ Professor (Prof.)

○ Her/His Excellency

○ Ambassador

○ [   ]

Other

3. Preferred Email:

[   ]

4. Preferred Phone

[   ]

5. WhatsApp Number:

[   ]

6. Organization(s) Name: *

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7. Position: *

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8. Would you like for your organization to be tagged in social media promotions or posts about this event or product? If yes, please include information about
   a.   Link to Twitter:
   b.   Link to Facebook:
   c.   Link to LinkedIn:

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9. Professional Biography: Please include a link to your preferred professional biography, or otherwise insert biographical details (professional experience, education, areas of specialty, etc.) in the textbox below. Generally, bios of 120-150 words are preferred.

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10. Professional Photo: Please provide a link to your preferred professional photo or email your photo to: **bifadsupport@tetratech.com (mailto:bifadsupport@tetratech.com)** with cc to **carmen.benson@tetratech.com (mailto:carmen.benson@tetratech.com)**

   Generally, photos with the dimensions or file size of 4x6 and 1200x1800 pixels are preferred *

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Section Two

BIFAD is committed to increasing diversity, equity, and inclusion in the board's engagement and in global development at-large. This effort can be enhanced with reliable information about our stakeholders. Your responses to the questions in Section II are completely voluntary. If you choose to respond to all or some of the questions, information will remain confidential, with individual information not reported beyond the project team.

11. Organization Type (select most relevant response below): *

   ◯ Prefer not to answer

   ◯ U.S. University

   ◯ University outside of the U.S.

   ◯ U.S. Agency for International Development

   ◯ Other U.S. Government

   ◯ Non-U.S. Donor Organization

   ◯ Non Profit Organization

   ◯ Firm

   ◯ Publicly Traded Organization

   ◯ [   ]
   Other

12. If U.S. University, is your university identified as any of the following MSI's? *

○ Asian American and Pacific Islander Serving Institutions (AAPISIs)

○ Hispanic-Serving Institutions (HSIs)

○ Historically Black Colleges and Universities (HBCU)

○ Tribal Colleges and Universities (TCU)

○ No

○ I don't know

13. Country

_____

14. Age Group *

○ Prefer not to answer

○ Female

○ Male

○ Intersex

○ _____
   Other

15. Gender

○ Prefer not to say

○ Woman

○ Man

○ Non-binary

16. Racial and Ethnic Identities (please select all identities with which you identify) *

☐ Prefer not to answer

☐ Asian

☐ Black or African American

☐ Hispanic, Latino, or of Spanish Origin

☐ Native Hawaiian or Other Pacific Islander

☐ North African or Middle Eastern

☐ White

☐ [   ]

Other