

Business and Professional Women / PA

*To achieve equity for all women in the workplace through advocacy, education and information.*

[www.bpwpa.org](http://www.bpwpa.org/)

PERSONAL AND PROFESSIONAL DEVELOPMENT BIOGRAPHICAL INFORMATION

This information will be used as part of the PPD introduction during the competition at all levels. You may attach additional sheets as necessary including a resume but you are limited to a total of six pages. The information must be typed. In **addition, please attach a color photo with this biographical information.** This form and the photo must be submitted **ELECTRONICALLY** to MTeague123@aol.com by 5:00 pm on April 30.

# PERSONAL DATA

Name: Date of Birth: Address

City:

State: Zip Code:

Home Phone: Work: Cell: E-Mail:

# EMPLOYMENT

**Present Position:** From. to (If not presently employed, please describe last employment)

Employer: \_

Address:

Job Title:

Job Description/Duties:

**EDUCATION**

Undergraduate School and Location:

Degree: Major Field of Study: \_

Graduate School and Location:

Degree: Major Field of Study:

Business/Technical School and Location:

Certificate/Degree: \_ Major Field of Study: \_

Other Education or Training:

**AWARDS/HONORS:**

**PUBLICATIONS, PAPERS PRESENTED, SPEECHES GIVEN:**

**MEMBERSHIPS:**

Name of Local Organization: \_ Brief description activities, committees, leadership position in BPW:

Are you a Member-At-Large: Yes No

Others:

**INFORMATION FOR PUBLICITY PURPOSES:**

A news release announcing your participation in the Personal and Professional Development Program may be sent out. For this purpose, please provide the names, addresses and telephone/fax numbers and e-mail addresses of your local newspapers, television and radio stations:

You have my permission to use my name, profession, city, phone contacts, and e-mail address on the https://bpwpa.wildapricot.org/ website that offers the brief information on BPW/PA Personal and Professional Development Representatives.   
Check for "yes" or "no" and please initial: \_\_\_\_\_ Yes \_\_\_\_\_\_ No

Signature: Date: \_