

NORTHRIDGE
LeTip Member Speaker Bio Sheet

NAME: _____ **PROFESSION:** _____

BUSINESS NAME: _____

LOCATION: _____ **YEARS IN BUSINESS:** _____

SPOUSE/OTHER: _____ **YEARS TOGETHER:** _____

CHILDREN: _____

PETS: _____

CITY OF RESIDENCE: _____ **YEARS:** _____

FAVORITE MEAL TO EAT WHILE IN QUARANTINE: _____

PLACE I LOOK FORWARD TO VACATIONING AFTER QUARANTINE:

TV SHOWS I'VE BINGE WATCHED DURING QUARANTINE: _____

HOBBIES & INTERESTS (Top 2 or 3):

1. _____

2. _____

3. _____

WHAT IS YOUR ONE (1) BURNING DESIRE? _____

WHAT IS SOMETHING NO ONE HERE KNOWS ABOUT YOU? _____

BRIEFLY - WHAT IS THE KEY TO YOUR SUCCESS: _____

ANY AWARDS, CERTIFICATIONS OR MISC. INFO YOU WOULD LIKE THE MEMBERS TO KNOW ABOUT?
