



SPEAKER REQUEST FORM

Organization:

Date of Request:

Organizer:

Address:

Telephone number:

E-mail address:

Date of Event:

Time of Event:

Topic/Theme of Event:

Kind of event (i.e. conference, panel discussion, grand rounds):

Will other guest speakers be present?

If yes, who?

Type of Speaker required: (please number by order of preference)

- Physician Nurse General MSF Speaker
 Logistician or Administrator Other: _____

Type of Audience: (check all that apply)

- Physicians Surgeons Nurses University Students and Faculty
 Medical Students Other: _____

Estimated number of people attending the event:

Is the event sponsored by any outside organizations?

If so, please list them:

Is the event free?

Is the event open to the public?

Will transportation be reimbursed?

Will lodging be provided?

What type of A/V is available?

Additional Information/Comments: (please add extra page if needed)

Please fax completed form to 212-679-7016