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Name of requesting Hospital / University / Medical School / Organization

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Address or location of presentation

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Name of Coordinator of Event

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Contact email address / phone number

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Presentation Topic / Medical Specialty

Speaker preference:

€ Speaker availability based on topic € Specific Speaker from Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Audience Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the event to be taped or broadcast? € Yes € No

Day of the Week of Event:

€ Mon € Tues € Wed € Thurs € Friday € Sat € Sun

Time of presentation: \_\_\_\_\_\_\_\_\_ am/pm

Specific requested date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My institution is able to pay travel expenses for speaker: € Yes € No

My institution will offer an honorarium to the speaker: € Yes € No

If yes, amount offered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional speaker requirements: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please return this form to Karen Lee, Educational Conference Manager at Karen.G.Lee@hitchcock.org.