

## Speaker Request Form

Please complete as much information as you have about the event and speaker requirements and e-mail or fax it to Patient Services, Patient Services Manager at [patientservices@lupusnc.org](mailto:patientservices@lupusnc.org) or 877-849-8271 ext 1.

### Contact Information:

Sponsoring Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Position: \_\_\_\_\_

Contact Phone/Fax Number: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Contact Address: \_\_\_\_\_

### Please Describe Your Program:

Date of Program: \_\_\_\_\_ Time of Program: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Program Location Name: \_\_\_\_\_

Program Location Address: \_\_\_\_\_

Requested Speaker (if you are interested in a particular speaker): \_\_\_\_\_

Proposed Topic(s): \_\_\_\_\_

Time of Speaker's Presentation: Length of Presentation: \_\_\_\_\_

Approximate Size of Audience Expected: \_\_\_\_\_

Presentation Format (panel, speech, roundtable, etc.): \_\_\_\_\_

Indicate Equipment Available:

- Lavalier/microphone     computer/laptop with presentation software     LCD projector  
 Other \_\_\_\_\_

Please select all that apply:

- Event Open to the Press     Speech to be Taped     Event to be Broadcast  
 Speaker bio needed     Speaker photo needed

Please provide any additional information on directions, how early the speaker should arrive before the presentation, where to report upon arrival, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Confirmation Requested By (MM/DD/YYYY): \_\_\_\_\_

**FOR USE BY LAB and STAFF ONLY:**

Speaker assigned: \_\_\_\_\_

Date confirmed: \_\_\_\_\_