



SPEAKER REQUEST FORM

(Submit at least 3 weeks in advance)

TODAY'S DATE:

EVENT DATE/TIME:

ALT. DATE/TIME:

ORGANIZATION NAME:

TYPE OF ORGANIZATION:

MEMBERSHIP INTERESTS/CONCERNS:

TYPE OF EVENT:

TOPICS OF INTEREST:

TYPE OF AUDIENCE:

ANTICIPATED AUDIENCE SIZE:

PRESENTATION START TIME:

DESIRED LENGTH OF PRESENTATION:

TIME FOR Q & A?

YES

NO

LENGTH OF TIME FOR Q & A:

METHOD OF PRESENTATION:

SKYPE/WEBEX

TELECONFERENCE

IN PERSON

ARE TRAVEL FUNDS AVAILABLE?

YES

NO

IS PARKING AVAILABLE?

YES

NO

IS PARKING FREE?

YES

NO

EVENT LOCATION:

AVAILABLE EQUIPMENT:

PROJECTOR

COMPUTER

TABLE FOR MATERIALS

CONTACT NAME:

CONTACT PHONE NUMBER:

CONTACT EMAIL ADDRESS:

Submit the completed form by clicking on the button above. Please attach a copy of any flyer or brochure you will disseminate. Completed forms may also be submitted to:

Osteopathic Medical Board of California
ATTN: Speaker Requests
Email Address: osteopathic@dca.ca.gov
Fax: (916) 928-8392