

Speaker Request Form

Please complete the form below with as much detail as possible.

If you know the topic you'd like a Spine & Sports Center of Chicago speaker to present, please provide that here. If you are not sure or would like help in choosing a topic, feel free to leave this field blank and a Spine & Sports Center of Chicago Speakers Bureau Coordinator will help you to choose a suitable topic.

Name of Organization:

Topic of Presentation:

Audience and Key Participants: (Please describe the composition of your audience. For example, students, business professionals, general public, family, engineers, media, etc.)

Audience Size: (Please circle one) 0-25 / 26-50 / 51-75 / 76-100 /
101-150 / 151-200 / 201+

Travel Expenses Covered: YES / NO

HOST ORGANIZATION CONTACT INFORMATION

Brief Description of Organization: (Please describe in the notes section)

Host Organization Web Address:

Host Contact Name:

Host Contact Street Address 1:

Host Contact Street Address 2:

Host Contact City/State/Territory:

Zip: _____ Host Contact Country:

Phone Number: _____ Email:

----- Fax: -----

LOGISTICAL INFORMATION

Event Title:

Event Date and Time: (If the date is flexible or there are multiple dates, please enter one date here and provide details in the comments section at the bottom of this form. This date must be in the future and formatted as mm/dd/yyyy.)

Speaker Start Time: (If there are multiple times or the start time is flexible, please enter one time here and provide details in the comments section. Please format as hh:mm, and use the time zone local to the event address.)

Objective of Event/Conference:

Expected Media Coverage: No / Yes

Event Location (building name): (If Event Location is the same as Host Location, leave blank and skip to Length of Requested Presentation)

Event Street Address 1:

Event Street Address 2:

Event City/State/Territory:

Zip: _____ **Event Country:** _____

Type of Presentation: (Please describe the type of presentation. For example, lecture, Q&A, hands-on workshop, group participation workshop, etc.).

Length of Requested Presentation: (Please indicate in minutes. For example, 30 minutes, 60 minutes, 90 minutes etc.)

Audiovisual Capabilities: (Please Indicate Equipment Available. For example, PowerPoint accessibility, microphone, screen, etc.)

Event Sponsors: (The organization, person, or corporation that provided the financial support for all or a portion of the presentation.)

Special Notes/Instructions: (Please describe in the notes section)

Confirmation Requested By: (If confirmation of a speaker is required by a certain date for publications or other purposes, please provide that date here. This date must be in the future and formatted as mm/dd/yyyy.)

