



Speaking Event Questionnaire

Contact

Sponsoring Organization:	
Contact Name:	
Title:	
Phone:	Email:

Program Details

Program Name			
Location:			
Address:			
Program Type:	<input type="checkbox"/> Presentation	<input type="checkbox"/> Keynote	<input type="checkbox"/> Workshop
	<input type="checkbox"/> Staff Training	<input type="checkbox"/> Webinar	<input type="checkbox"/> SPL Training in Pittsburgh
			<input type="checkbox"/> Panel Discussion
Presentation Date & Time:	Length of Presentation:	min.	Q&A: min.
Requested Topic:			
Requested Speaker:	<input type="checkbox"/> Dr. Janet Stout	<input type="checkbox"/> Frank Sidari, PE, BCEE	<input type="checkbox"/> Bill Pearson, CWT
More Information:			
Who is your audience?			
	Expected Size:	Attendee Fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other speakers:	<input type="checkbox"/> No	<input type="checkbox"/> Yes; If yes, please provide:	
Name:	Organization:		
Name:	Organization:		
Does the presentation need to be reviewed for your CEUs? <input type="checkbox"/> No <input type="checkbox"/> Yes, by date			
Who will market the event?			
How will the event be marketed?			
Provide attendee list to SPL so we can share presentation and send survey? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Fees and Equipment

Speaker honorarium \$	Travel, lodging and expenses included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will laptop and projector be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			

RETURN COMPLETED FORM
ncalesaric@specialpathogenslab.com