



## Speaking Event Questionnaire

### Contact

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

### Program Details

Date:	Time:
Name of 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	
Speaking Time :	Time for Q & A:
Requested Topic:	
Requested Speaker: <input type="checkbox"/> Dr. Janet Stout <input type="checkbox"/> Bill Pearson	
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:
Will the presentation need to be reviewed for CEU credits? <input type="checkbox"/> No <input type="checkbox"/> Yes, by date _____	
Who will market the event?	
How will the event be marketed?	
Will the attendee list be shared with SPL for follow-up survey? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Cost 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  
to: ncalesaric@specialpathogenslab.com**