



Speaking Event Questionnaire

Contact

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

Event 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	
Speaking 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	
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 we 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
Imorris@specialpathogenslab.com