



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 | |
| 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 | <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 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
jhorsch@specialpathogenslab.com