UCR School of Medicine Center for Healthy Communities Speakers Bureau Program

Thank you for showing interest in requesting a speaker at your next event.

1. **Please fill out the information below.**

   Full Name:

   Organization:

   Contact number:

   Contact email:

   Alternate contact:

   Requestor (if different from contact):

2. **Please select the topic you would like the speaker/presenter to cover (*If you need more than one speaker, you must submit a separate form)**

   Public health education

   Social media design and dissemination

   Sleep medicine

   Pulmonary asthma

   Transgender medicine

   Human sexuality

   Homelessness

   Critical care nursing

   Navigating healthcare and behavioral health

   Advocating for health

   Other, please note this option is not guaranteed:

3. **Event specific information**

   Date of event:

   Type (conference, webinar, training, etc.):

   Name of Meeting/Event:

   Description of event (be specific):

4. **Modality/Platform**

   Conference Call

   Teams

   Zoom

   Hybrid

   In-person, if in person provide address:

   Other:

5. **Is this open to the public or private?**

   Public (open to all)

   Private (invite only), please provide registration link:

   Other, please specify:

6. **Expected Attendance (please specify #):**

7. **Describe target audience demographics:**

8. **Start and end time of meeting/event:**

9. **How many minutes will the speaker/presenter have? (please specify):**

10. **Will there be a Q&A session?**

    Yes

    No

11. **Will there be a prep session?**

    Yes

    No

12. **Will there be a satisfaction survey administered? (if so, please provide a copy)**

    Yes

    No

13. **Additional Notes:**