

National Immunization Program
Immunization Services Division / Education, Information & Partnership Branch
Speaker Request Form

Please attach this request to an email and send to **Melissa Barnett** at **bqq6@cdc.gov** or fax to the Education, Information, and Partnership Branch of the National Immunization Program, Immunization Services Division at **(404) 639-8828**.

Today's Date: _____ Is this a public health conference? YES NO

Date(s) Presentation Requested: _____
Expected Presentation Time(s): _____
Location of Meeting (City & State): _____
Title of Meeting: _____
Topic of Presentation: _____
Estimated Attendance: _____ Length of Presentation: _____
Target Audience: _____
Specific Speaker Requested? _____

Will your organization provide CME? CNE? CHES? Other _____

Do you have a projector for PowerPoint presentations (e.g., LCD or InFocus) Yes
to which we can connect a laptop computer? No

Contact Person	
Name: _____	Title: _____
Organization: _____	
Address: _____	
City: _____	State: _____ ZIP: _____
Phone: _____	E-Mail: _____

Program Manager Signature _____ Date _____
(If this is a state or regional conference)

Additional Information:
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