



Asthma and Allergy Foundation of America Speaker Request Form

Today's Date _____ Date Speaker is required _____

Time Speaker Required _____ Length of Presentation _____

Organization/Agency Name _____

Address of Meeting Location _____

City _____ State _____ Zip _____

Contact Name _____ Telephone () _____

Topic of Program requested _____

Number of People Expected to Attend _____

Audience type:

_____ Business/Professional organization	_____ Community Organization
_____ Direct service providers	_____ Students (age range)
_____ Youth Organization (age range)	_____ Church group
_____ Other _____	

Any specific location information? (room name, special parking instructions, etc.):

We request a:

_____ **General presentation from your Speakers Bureau** (may be a trained volunteer, Advisory Board or Board of Directors member who presents on general topics to your group on behalf of our agency)

_____ **Medical professional or direct service staff** (we will make every effort to accommodate your request for professional seminars and other requests, on an as-available basis by our staff)

_____ **Other:** _____ (i.e., speaker on volunteer/involvement opportunities, third-party events / fundraisers or other specialty topics)

Equipment or supplies requested (if available):

_____ Handouts

_____ Display items

_____ Power point or video (AV equipment to be provided by host)

_____ Spirometry Kits (PFT's)

Special Notes.... _____

DATE	Action Taken:	Staff Initials
	Scheduled Speaker	
	Sent info to Speaker	
	Confirmation made	

Thank you for your interest! We will get back to you shortly.