

Philadelphia Psychiatric Society Speakers' Bureau
Speaking Engagement Request Form

Please complete the following information and return via fax to the Philadelphia Psychiatric Society, at (717) 558-7841 or e-mail to philapsych@pamedsoc.org.

Name of Requesting Organization: _____

Organization's Address: _____

Organization's Website: _____

Name of Primary Contact: _____

Phone: _____ Email: _____

Please provide a brief description of your organization's mission and the target audience:

Topic(s) of Interest: _____

Event Date: _____

Speaker Begin Time/End Time: _____ / _____

Event Location: _____

Event Address: _____

Estimated Attendance: _____

Audiovisual Equipment provided by requestor (please check all that apply):

- Podium Podium Microphone Wireless Microphone Laptop
 Projector and Screen

Comments: _____

Please allow 7-10 business days for speaker reservations to be confirmed.

(For internal use only)

_____ Request received

_____ Contact potential speaker(s)

_____ Confirmed lecture with speaker(s)

_____ Confirmed lecture with organization, cc to committee

_____ Confirmed committee member attendance

_____ Evaluation sent to contact after lecture