

# MEDICAL PROFESSIONALS HEALTH PROGRAM

*A program of the Maine Medical Association*

## Speaking Request Form



Name of Organization: \_\_\_\_\_

Requested Date of Presentation: \_\_\_\_\_

Alternate Date: \_\_\_\_\_

Presentation Time: \_\_\_\_\_ Duration: \_\_\_\_\_

Audience (primary specialty): \_\_\_\_\_

Number of Attendees: \_\_\_\_\_

Location of Presentation:

Address: \_\_\_\_\_  
\_\_\_\_\_

Is CME category one credit being requested? \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

**An honorarium is not required. However, if you would like to make a donation to the MPHP in lieu of an honorarium, your contribution would be greatly appreciated. Please make checks payable to the Medical Professionals Health Program.**

**I have enclosed a contribution in the amount of:**

\$1,000    \$500    \$250    Other \$ \_\_\_\_\_

Please send this form along with any contribution you wish to make to:

MPHP, P.O. Box 69, Manchester, ME 04351 ~ Or via fax: (207) 430-8236

For additional information regarding the MPHP program or services, please call us at Phone: (207) 623-9266

**Website: [www.mainemph.org](http://www.mainemph.org)**