



Speaking Request Form

Name of Organization: _____

Requested Date of Presentation: _____

Alternate Date: _____

Presentation Time: _____ Duration: _____

Audience (primary speciality): _____

Number of Attendees: _____

Location of Presentation:

Address: _____

Is CME category one credit being requested? _____

Contact Name: _____

Phone _____ Email: _____

An honorarium is not required. If however, 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 mail this form along with any contribution you wish to make to
MPHP, P.O. Box 69, Manchester, ME 04351