

**National Center for Immunization and Respiratory Diseases**  
Immunization Services Division / Education, Information & Partnership Branch

**Speaker Request Form**

Please attach this request to an email and send to **William Howard** at [WFH6@cdc.gov](mailto:WFH6@cdc.gov)

We are unable to accept any further speaker requests requiring travel for Fiscal Year 2012 (October 2011-September 2012).

**If you are interested in a distance learning presentation, please see attached distance learning options.**

Requests for speaker presentations requiring travel between October 2012 and September 2013 (Fiscal Year 2013) must be received by September 1, 2012. Requests will be considered based on selection criteria (audience size, etc.) and available funding.

**Today's Date:** \_\_\_\_\_

**Is this a public health conference?**  YES  NO

**Date(s) Presentation Requested:** \_\_\_\_\_

**Location of Meeting (City & State):** \_\_\_\_\_

**Title of Meeting:** \_\_\_\_\_

**Topic of Presentation:** \_\_\_\_\_

**Expected Presentation Time(s):** \_\_\_\_\_ **Length of Presentation:** \_\_\_\_\_

**Estimated Attendance:** \_\_\_\_\_ **Target Audience:** \_\_\_\_\_

**Specific Speaker Requested?** \_\_\_\_\_

**Please provide a brief description of your activity:** (goals, objectives, intended benefits, target audience, etc.)

**Will your organization provide continuing education?** Select all that apply:

CME     CNE     CECH     CEU     Other \_\_\_\_\_

**Do you have an LCD projector that will connect to a laptop computer?**  Yes  No

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Hosting Organization:** \_\_\_\_\_

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

**City, State & Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Additional Comments:**

**National Center for Immunization and Respiratory Diseases**  
Immunization Services Division / Education, Information & Partnership Branch  
**Distance Learning Options**

Due to budget restrictions, our training team has identified alternative modes of training so that, when we cannot be there in person, we might still meet your training needs. We offer these alternatives:

**Phone bridge:** Our speaker presents over the phone and participants follow along with a pre-distributed slide set that a group leader advances during the presentation. A Q&A session follows the presentation.

**Netconference:** Requires telephone, method of projecting sound so speaker can be heard by participants, internet connection, and method of projecting the screen so that participants can view the slides. A Q&A session follows the presentation.

**Q&A:** For the Q&A session, your group should set up a method for participants to ask the speaker questions, such as submitting questions to your group leader to be read to the speaker, or some other pre-determined method so that the session flows smoothly.

**If you are interested in one of these alternatives, please complete request form below.**

**Date(s) Presentation Requested:** \_\_\_\_\_

**Distance learning preference:** \_\_\_\_\_

**Topic of Presentation:** \_\_\_\_\_

**Expected Presentation Time(s):** \_\_\_\_\_ **Length of Presentation:** \_\_\_\_\_

**Estimated Attendance:** \_\_\_\_\_ **Target Audience:** \_\_\_\_\_

**Specific Speaker Requested?** \_\_\_\_\_

**Please provide a brief description of your activity:** (goals, objectives, intended benefits, target audience, etc)

**Will your organization provide continuing education?** Select all that apply:

CME       CNE       CECH       CEU       Other \_\_\_\_\_

If you have the capabilities mentioned above and prefer to set up your training session from your location, you are welcome to do so. However, we can provide these services for you if you do not have access to them.

**Who will provide distance technology?**  CDC  Hosting organization (please provide details about systems that will be used) \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Hosting Organization:** \_\_\_\_\_

**Title of Meeting:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_