



# GREATER ST. LOUIS DENTAL SOCIETY

## Speakers Bureau

### Request for Speaker Form

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

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

City, State, Zip: \_\_\_\_\_

Name of person in charge: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date requested: \_\_\_\_\_ Time: \_\_\_\_\_

Approximate # in attendance: \_\_\_\_\_

Equipment available : DVD Player \_\_\_\_\_ VCR Player \_\_\_\_\_ TV \_\_\_\_\_ Other: \_\_\_\_\_

Type of Audience:  Children - ages: \_\_\_\_\_

Senior Citizens

Health Fair

Career Fair

Other : \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about our Speakers Bureau? \_\_\_\_\_

\_\_\_\_\_

**\* Please request a Speaker 6-8 Weeks in Advance \***

GREATER ST. LOUIS DENTAL SOCIETY

11457 Olde Cabin Rd.

Phone: 314-569-0444

Ste. 300

Fax: 314-569-0448

St. Louis, MO 63141

gslds.org

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ District: \_\_\_\_\_ Speaker assigned: \_\_\_\_\_