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: ______________