



Greater St. Louis
DENTAL SOCIETY

Speakers Bureau Request for Speaker Form

Name of Organization: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____ Email Address: _____

Date Requested: _____ Time: _____

Approximate # in Attendance: _____

Equipment Available: TV _____ Projector _____ Other: _____

Type of Audience: Children – Ages: _____

Senior Citizens

Health Fair

Career Fair

Other: _____

Comments: _____

How did you hear about our Speakers Bureau? _____

Please Request a Speaker 6-8 Weeks in Advance

FOR OFFICE USE ONLY

Date Received: _____ District: _____ Speaker Assigned: _____