



TARRANT COUNTY PUBLIC HEALTH

Speakers Bureau Request Form

TODAY'S DATE:

REQUESTOR:

ORGANIZATION:

ADDRESS:

PHONE NUMBER: () FAX NUMBER: ()

E-MAIL:

ABOUT YOUR COMPANY / GROUP / SCHOOL / ORGANIZATION:

CEU Provided: *(List Agency, Applicable Disciplines and Number of Credits; If "Contact Hours" are available for other disciplines, please submit your professional organization for consideration of CE credit.)*

NAME OF MEETING/EVENT:

SUBJECT OF PRESENTATION MATERIALS TRAINING SCREENING:
(check appropriate box(s) above & type information below)

LENGTH OF PRESENTATION MATERIALS TRAINING SCREENING:
(check appropriate box(s) above & type information below)

WHEN: (date and time)

WHERE: (street address, city, state, zip)

ANNUAL EVENT: No Yes 1st yr. 2nd yr. 3rd yr. 4th yr. 5th + yr.

EVENT: Indoor Outdoor AUDIO/VISUAL EQUIPMENT AVAILABLE: Yes No

AUDIENCE AGE RANGE: APPROXIMATE NUMBER:

COMMENTS:

COMPLETE FORM AND EMAIL TO:

TCIR@tarrantcounty.com