



**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  1<sup>st</sup> yr.  2<sup>nd</sup> yr.  3<sup>rd</sup> yr.  4<sup>th</sup> yr.  5<sup>th</sup> + yr.

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

AUDIENCE AGE RANGE:  APPROXIMATE NUMBER:

COMMENTS:

**RETURN FORM TO:**  
The appropriate division listed on the Health Education Resources webpage located on the Tarrant County Public Health website ([www.tarrantcounty.com/ehealth](http://www.tarrantcounty.com/ehealth)).