

**National Immunization Program**  
Immunization Services Division / Education, Information & Partnership Branch  
**Speaker Request Form**

Please attach this request to an email and send to **Melissa Barnett** at **bqq6@cdc.gov** or fax to the Education, Information, and Partnership Branch of the National Immunization Program, Immunization Services Division at **(404) 639-8828**.

Today's Date: \_\_\_\_\_ Is this a public health conference?    YES    NO

Date(s) Presentation Requested: _____
Expected Presentation Time(s): _____
Location of Meeting (City & State): _____
Title of Meeting: _____
Topic of Presentation: _____
Estimated Attendance: _____    Length of Presentation: _____
Target Audience: _____
Specific Speaker Requested? _____

Will your organization provide    CME?    CNE?    CHES?    Other \_\_\_\_\_

Do you have a projector for PowerPoint presentations (e.g., LCD or InFocus)    Yes  
to which we can connect a laptop computer?    No

<b>Contact Person</b>	
Name: _____	Title: _____
Organization: _____	
Address: _____	
City: _____	State: _____    ZIP: _____
Phone: _____	E-Mail: _____

Program Manager Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(If this is a state or regional conference)*

<b>Additional Information:</b>   
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