



# CATHOLIC MEDICAL ASSOCIATION

*Upholding the Principles of the Catholic Faith in the Science and Practice of Medicine*

## Speaker Request Form

Please download and fill-out this form in its entirety. As soon as the form is received, you will receive an answer from the CMA office.

|                                   |   |
|-----------------------------------|---|
| PLEASE PRINT CLEARLY              |   |
| Speaker Name: _____               | Topic in which you desire a speaker (please be specific):                           |
| Date of Event: _____              | Choice #1: _____  |
| Time of Event: _____              | Choice #2: _____  |
| Place Address: _____              | Would you consider offering an honorarium?  |
| _____                             | Yes___ No___ Maybe___   |
| City: _____                       | If so, how much? _____  |
| State: _____ Zip Code: _____      | Transportation costs covered? Yes___ No___  |
| Guild Name (If Applicable): _____ | Airfare_____ Train_____ Car (Mileage) _____   |
| Contact Number: (_____) _____     | Additional Comments: _____  |
| Contact E-mail: _____             | <small>PLEASE PRINT</small>   |
| <small>PLEASE PRINT</small>       | Send to: <a href="mailto:info@cathmed.org">info@cathmed.org</a> Email is preferred. |
|                                   | Thank you!  |