



CATHOLIC MEDICAL ASSOCIATION

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

Speaker Request Form

Please 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: _____
Name _____	Would you consider offering an honorarium?
Place Address: _____	Yes___ No___ Maybe___
_____	If so, how much? _____
City: _____	Transportation costs covered? Yes___ No___
State: _____ Zip Code: _____	Airfare_____ Train_____ Car (Mileage) _____
Guild Name (If Applicable): _____	Additional Comments: _____
Contact Number: (_____) _____	_____
Contact E-mail: _____	_____
<small>PLEASE PRINT</small>	Send to: info@cathmed.org Email is preferred.
	Thank you!